2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L05000064878

Entity Name: CHOICE CARD SOLUTIONS, LLC

Current Principal Place of Business:

4211 MONSERRATE STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4211 MONSERRATE STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 03-0565434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMONSOFF, JAMES M
4211 MONSERRATE STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LOMONOSOFF, JAMES M
4211 MONSERRATE STREET
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES M. LOMONOSOFF 03/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: LOMONSOFF, JAMES
Address: 4211 MONSERRATE STREET
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: LOMONOSOFF, JAMES M
Address: 4211 MONSERRATE STREET
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES M. LOMONOSOFF CEO 03/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date