

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075630

FILED
Jun 22, 2006
Secretary of State

Entity Name: GENPEX CONSULTING LLC

Current Principal Place of Business:

8 KENNEDY AVE., 1ST FLOOR,
1087 NICOSIA
CYPRUS, XX

Current Mailing Address:

P.O. BOX 26557
CY-1640 NICOSIA
CYPRUS, XX

New Principal Place of Business:

8 KENNEDY AVE., 1ST FLOOR,
1087 NICOSIA
NICOSIA, CYPRUS, CY 1640 CY

New Mailing Address:

P.O. BOX 26557
CY-1640 NICOSIA
NICOSIA, CYPRUS, CY 1640 CY

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AGRYROU, VASILIKI
Address: 8 KENNEDY AVE., 1ST FLOOR,
City-St-Zip: 1087 NICOSIA, CYPRUS, XX

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AGRYROU, VASILIKI
Address: 8 KENNEDY AVE., 1ST FLOOR,
City-St-Zip: 1087 NICOSIA, CYPRUS, CY 1640 CY

I hereby certify that the information supplied with this filing does not qualify for the 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: VASILIKI AGRYROU

MGR

06/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date