

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078052

FILED
Apr 30, 2008
Secretary of State

Entity Name: EPSILON PI GLOBAL INVESTMENTS, LLC

Current Principal Place of Business:

1855 ANDROMEDA LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1855 ANDROMEDA LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-4683157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ISABEL
1820 NORTH CORPORATE LAKES BLVD.
SUITE 207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

URDANETA, EVELYN
1825 MAIN STREET
WESTON, FL 33326 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: EVELYN URDANETA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SERRANO, MAURICIO
Address: 1820 NORTH CORPORATE LAKES BLVD.
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: DE SERRANO, LILIA G
Address: 1820 NORTH CORPORATE LAKES BLVD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SERRANO, MAURICIO
Address: 1855 ANDROMEDA LANE
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: DE SERRANO, LILIA G
Address: 1855 ANDROMEDA LANE
City-St-Zip: WESTON, FL 33327

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: MAURICIO SERRANO

MGRM

04/30/2008

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