2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # L05000078872 1. Entity Name CUSTOMERS FOR EVER, LLC) 	02-21-2008 <u>9</u>		***138.	.75
Principal Place of Business Mailing Address 14645 NW 77TH AVENUE 14645 NW 77TH AVENUE SUITE 107 SUITE 107 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014									TT 1 1 1 1 1 1 1 1 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Number Applied Fo 20-3297983 Not Applied		plied For at Applicable		
Zip Country		. Zip Cour		try	5. Certificate of Status Desired See Requir		5.00 Add ee Required	litional d	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Ac	gent	
AMAD, JORGE R 3100 S.W. 186TH TERRACE MIRAMAR, FL 33029				Streel Address (P.O. Box Number is Not Acceptable) 4202 SW 186 Avenue					
				City Mira			FL	Zip Code 3302	29
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Fl	orida. I am fa	miliar with,	and accept
_	ons or registered agent.								
SIGNATURE .									
DIGITATIONE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature required	d when reinstating)		DATE		
FILE	Signature, typed or printed name of registered agent in NOWI!! FEE IS \$138.75 11, 2008 Fee will be \$538.75	_	E: Registered	d Agent signature required	d when reinstaling)		DATE (e check pa a Departme		B .
FILE	NOWI!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 MANAGING MEMBE		: Registered	d Agent signature required	d when reinstaling)		ke check pa a Departme		0
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9. ITILE NAME	NOWI!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM APPROACH TECHNOLOGIES IN	RS/MANAGERS Delete HT'L., LLC	10. TITLE	- : E	d when reinstating)	Florid	ce check pa a Departme	nt of State	
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11. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR FRINTED WANT OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE