

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097960

Entity Name: LARAMIS SYSTEMS, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

3006 NW 79TH AVE
SUITE 6
MIAMI, FL 33122 US

New Principal Place of Business:

4353 NW 72ND AVE
MIAMI, FL 33166 US

Current Mailing Address:

3006 NW 79TH AVE
SUITE 6
MIAMI, FL 33122 US

New Mailing Address:

4353 NW 72ND AVE
MIAMI, FL 33166 US

FEI Number: 20-3610557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELENDEZ VEGA, LLC
9010 SW 137TH AVE
SUITE 225
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MELENDEZ VEGA, LLC
10511 N. KENDALL DRIVE
SUITE C-203
MIAMI, FL 33176 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: MICHAEL MELENDEZ

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REYES, PATRICIA V
Address: 20021 NW 62ND CT
City-St-Zip: MIAMI, FL 33015 US

Title: MGRM () Delete
Name: SOLUCIONES INTEGRALE, S DELTA P CA
Address: AC CASANOVA URB BELLO MONTE
City-St-Zip: CENTRO EMPRESARIAL DEL ESTE, VZ 1050 VZ

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA V. REYES

MGRM

03/29/2007

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