

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101429

FILED
May 01, 2006
Secretary of State

Entity Name: FITSOURCE TRAINING SOLUTIONS, LLC

Current Principal Place of Business:

12216 SW 132 COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12216 SW 132 COURT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3798073 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

MARCUS, ALAN K ESQ.
GABLES ONE TOWER, SUITE 1045
1320 SOUTH DIXIE HIGHWAY
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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALONSO, CYNTHIA
Address: 8401 SW 110 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: MENESES, YAMIN
Address: 15310 SW 8 WAY
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALONSO, CYNTHIA
Address: 12216 SW 132 CT
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change () Addition
Name: MENESES, YAMIN
Address: 12216 SW 132 CT
City-St-Zip: MIAMI, FL 33186

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: YAMIN MENESES

MGR

05/01/2006

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