

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103335

FILED
Jan 14, 2008
Secretary of State

Entity Name: NG GLOBAL, L.L.C.

Current Principal Place of Business:

8455 N.W. 74 ST
MIAMI, FL 33166

New Principal Place of Business:

11037 NW 122 STREET, SUITE #3
MEDLEY, FL 33178

Current Mailing Address:

8455 N.W. 74 ST
MIAMI, FL 33166

New Mailing Address:

11037 NW 122 STREET, SUITE #3
MEDLEY, FL 33178

FEI Number: 20-3702062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, FUAD
1420 BRICKELL BAY DRIVE #1108
MIAMI, FL 33131 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: MGRM () Delete
Name: NAVARRO, FUAD
Address: 1420 BRICKELL BAY DRIVE #1108
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: GALVIS, HERNAN
Address: AVENIDA EL ARSENAL #8B39
City-St-Zip: CARTAGENA, COLOMBIA, XX

Title: MGRM () Delete
Name: GALVIS, GABRIEL
Address: AVENIDA EL ARSENAL #8B39
City-St-Zip: CARTAGENA, COLOMBIA, XX

ADDITIONS/CHANGES:

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

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 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: FUAD NAVARRO

PS

01/14/2008

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