

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103335

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

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

MGRM

01/22/2009

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