2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

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Entity Name: TECHNICAL SERVICES & ENGINEERING LLC

Current Principal Place of Business:

155, SOUTH MIAMI AVENUE
PH1F
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

155, SOUTH MIAMI AVENUE
PH1F
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-3931176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODBRIDGE, FREDERICK JR.
701 BRICKELL AVENUE
SUITE 1650
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: ULYSSE, INC.,
Address: 5100 S.W. 65TH AVENUE
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete
Name: COICAUD, MICHAEL
Address: 5100 S.W. 65TH AVENUE
City-St-Zip: MIAMI, FL 33155

Title: PDT ( ) Delete
Name: LEMARIE, GHISLAIN PDT
Address: 155, SOUTH MIAMI AVENUE, STE PH1F
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: COICAUD, MICHAEL
Address: 155 SOUTH MIAMI AVE, STE PH1F
City-St-Zip: MIAMI, FL 33155

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: GHISLAIN LEMARIE PDT 01/29/2007

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