

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113223

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** STRATEGIC ALLIANCES OF THE AMERICAS, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
470  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
STE. 470 NO. 5  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

CCS 10118 C/O MONAHAN  
PO BOX 025323  
MIAMI, FL 33102

**New Mailing Address:**

**FEI Number:** 41-2191440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONAHAN, ROARK R  
4000 PONCE DE LEON BLVD.  
470  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

MONAHAN, ROARK R CPA  
4000 PONCE DE LEON BLVD.  
STE. 470 NO. 5  
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: ROARK R MONAHAN CPA

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DURAN DIAZ, LUZ A  
Address: 4000 PONCE DE LEON BLVD. STE 470  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DURAN DIAZ, LUZ A  
Address: 4000 PONCE DE LEON BLVD. STE 470 NO. 5  
City-St-Zip: CORAL GABLES, FL 33146

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: LUZ A DURAN DIAZ

MGRM

04/18/2006

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