

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003449

Entity Name: CANAL CONSULTING LLC

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

8669 NW 36TH STREET  
140  
DORAL, FL 33166

## Current Mailing Address:

8669 NW 36TH STREET  
140  
DORAL, FL 33166

## New Principal Place of Business:

8525 NW 53RD TERRACE  
206  
DORAL, FL 33166

## New Mailing Address:

8525 NW 53RD TERRACE  
206  
DORAL, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERRILL A. BOOKSTEIN COUNSELOR AT LAW  
2499 GLADES ROAD  
313  
BOCA RATON, FL 33431 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: CANAL FINANCIAL LLC,  
Address: 8669 NW 36TH STREET, #140  
City-St-Zip: DORAL, FL 33166 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CANAL FINANCIAL LLC,  
Address: 8525 NW 53RD TERRACE #206  
City-St-Zip: DORAL, FL 33166 US

Title: MGRM ( ) Change (X) Addition  
Name: RATMIROFF, ALFREDO  
Address: 8525 NW 53RD TERRACE #206  
City-St-Zip: DORAL, FL 33166 US

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: ALFREDO RATMIROFF

MGRM

01/09/2007

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