2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008043

Entity Name: ZATEX GROUP, LLC

Name:

Address:

City-St-Zip:

905 BRICKELL BAY DRIVE, SUITE 2CL-24

MIAMI, FL 33131

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 905 BRICKELL BAY DRIVE, SUITE 2CL-24 **BOX #2** MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 905 BRICKELL BAY DRIVE, SUITE 2CL-24 BOX #2 MIAMI, FL 33131 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BORJAS, ELIZABETH 905 BRICKELL BAY DRIVE, SUITE 2CL-24 **BOX #2** MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete MGRM Title: () Change () Addition TEIXEIRA, NELSON Name: Name: Address: 905 BRICKELL BAY DRIVE, SUITE 2CL-24 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ZAPPALA, GIUSEPPE Name: Address: 905 BRICKELL BAY DRIVE, SUITE 2CL-24 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ZAPPALA, NUNZIO Name: Name: 905 BRICKELL BAY DRIVE, SUITE 2CL-24 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RIBEIRO SUAREZ, MARIA DOLORES

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NUNZIO ZAPPALA **MGRM** 05/01/2007