

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037310

FILED
Jan 16, 2007
Secretary of State

Entity Name: ALTEK GROUP HOLDING, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DR
SUITE 887
MIAMI, FL 33126

New Principal Place of Business:

5201 BLUE LAGOON DR
SUITE 980
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOON DR
SUITE 887
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-5219302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, EDUARDO
10300 NW 19 ST
SUITE 104
MIAMI, FL 33178 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: ALTEK DEVELOPMENT,
Address: 5201 BLUE LAGOON DR # 887
City-St-Zip: MIAMI, FL 33126

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSALES, KLEVER
Address: 584 FERNWOOD RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Change (X) Addition
Name: VIVAS, ALBERT
Address: 8574 NW 70 ST
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Change (X) Addition
Name: GUTIERREZ, EDUARDO
Address: 7031 NW 113 CT
City-St-Zip: MIAMI, FL 33178

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: KLEVER ROSALES

MGRM

01/16/2007

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