

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063260

Entity Name: CACM SOLUTIONS LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

13240 SW 57 TERRACE
BLD 12 UNIT 7
MIAMI, FL 33183

New Principal Place of Business:

943 SW 152 CT
MIAMI, FL 33194

Current Mailing Address:

13240 SW 57 TERRACE
BLD 12 UNIT 7
MIAMI, FL 33183

New Mailing Address:

943 SW 152 CT
MIAMI, FL 33194

FEI Number: 20-5969275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, CARLOS
13240 SW 57 TERRACE
BLD 12 UNIT 7
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

CAMACHO, CARLOS
943 SW 152 CT
MIAMI, FL 33194 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: CARLOS CAMACHO

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARLOS, CAMACHO
Address: 13240 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: ASPRILLA, ROSA E
Address: 13240 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARLOS, CAMACHO
Address: 943 SW 152 CT
City-St-Zip: MIAMI, FL 33194

Title: MGRM (X) Change () Addition
Name: ASPRILLA, ROSA E
Address: 943 SW 152 CT
City-St-Zip: MIAMI, FL 33194

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.

SIGNATURE: CARLOS CAMACHO

MGR

04/30/2007

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