

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065212

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: MATCON TERMINALS, LLC

## Current Principal Place of Business:

6324 NW 97TH AVENUE  
DORAL, FL 33178

## New Principal Place of Business:

1130 ANDORA AVE.  
CORAL GABLES, FL 33146

## Current Mailing Address:

6324 NW 97TH AVENUE  
DORAL, FL 33178

## New Mailing Address:

1130 ANDORA AVE.  
CORAL GABLES, FL 33146

FEI Number: 20-5124422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: IGLESIAS, JESUS  
Address: 6324 NW 97TH AVENUE  
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete  
Name: MIGUEL, JACOB  
Address: 6324 NW 97TH AVENUE  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: IGLESIAS, JESUS  
Address: 1130 ANDORA AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESUS IGLESIAS BY A HOWARD AS ATTY IN FACT MGR 03/11/2008

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