


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90254 001 \*\*\*\*50.00

<b>DOCUMENT # L06000067906</b>					
<b>1. Entity Name</b> INFANTINO SEARCH AND CONSULTING, LLC					
<b>Principal Place of Business</b> 9049 SW 4TH STREET BOCA RATON FL 33433			<b>Mailing Address</b> 9049 SW 4TH STREET BOCA RATON FL 33433		
<b>2. Principal Place of Business - No P.O. Box #</b> 20283 STATE ROAD 7 Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME AS ABOVE Suite, Apt. #, etc.			
<b>City &amp; State</b> BOCA RATON FL Zip 33498		<b>Country</b> PALM BEACH		<b>4. FEI Number</b> 61-1504750	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> INFANTINO, JAMES A JR 9049 SW 4TH STREET BOCA RATON FL 33433			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u>James A. Infantino, Jr</u> <u>JAMES A. INFANTINO, JR</u> <u>4/9/2007</u> <small>(Signature, typed or printed name of entity here; agent and title if applicable) (NOT: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INFANTINO, JAMES A JR 9049 SW 4TH STREET BOCA RATON FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLINSHEAD, DONNA M 11224 SACCO DRIVE BOCA RATON FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u>James A. Infantino, Jr</u> <u>JAMES A. INFANTINO, JR</u> <u>4/9/2007</u> <u>561-504-2521</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					