

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069954

FILED
Apr 13, 2007
Secretary of State

Entity Name: NIKKO E-COMMERCE SOLUTIONS LLC

Current Principal Place of Business:

18520 NW 67TH AVE
UNIT 317
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18520 NW 67TH AVE
UNIT 317
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-5197080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JESSICA, MATTHEWS
18520 NW 67TH AVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ANDRADE, NUNO
18520 NW 67TH AVE
UNIT 317
MIAMI, FL 33015 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: NUNO ANDRADE

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NUNO, ANDRADE
Address: 18520 NW 67TH AVE
City-St-Zip: MIAMI, FL 33015

Title: MGRM (X) Delete
Name: BROOKE, EVANS
Address: 18520 NW 67TH AVE
City-St-Zip: MIAMI, FL 33015

Title: MGRM (X) Delete
Name: JESSICA, MATTHEWS
Address: 18520 NW 67TH AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

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

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

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

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: NUNO ANDRADE

MGRM

04/13/2007

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