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Secretary of State

04-18-2007 90033 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000082111

1. Entity Name
COMPSECNET, LLC.

30011889

01232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1825 W 44TH PLACE UNIT 411 HIALEAH, FL 33012	1825 W 44TH PLACE UNIT 411 HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7027 SW 23 St	7027 SW 23 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: DADE	Zip: 33155 Country: DADE

4. FEI Number 20-5402814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, MAYKEL 1825 W 44TH PLACE UNIT 411 HIALEAH, FL 33012	Name: LOPEZ, MAYKEL Street Address (P.O. Box Number is Not Acceptable): 7027 SW 23 ST City: MIAMI FL Zip Code 33155

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.

SIGNATURE ______ 01/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MAYKEL 1825 W 44TH PLACE, UNIT 411 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, MAYKEL 7027 SW 23 ST MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JORGE I 980 B. CONSTITUTION DRIVE HOMESTEAD, FL 33034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUNDORA SILVIA M 7027 SW 23 ST MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: ______ 01/23/07 305-494-2832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #