


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90159 047 \*\*\*\*50.00

<b>DOCUMENT # L06000086079</b>	
1. Entity Name CTI WHOLESALE SERVICES, LLC	

Principal Place of Business 5225 NW 87TH AVENUE SUITE 100 DORAL, FL 33178	Mailing Address 5225 NW 87TH AVENUE SUITE 100 DORAL, FL 33178
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30005453



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5486954	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  CRUZ-BUSTILLO, JORGE L 2600 BANK OF AMERICA TOWER MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 \_\_\_\_\_ (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	DIR CONTRERAS, DANIEL R 5225 NW 87TH AVENUE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLICZ, RAUL 10720 NW 66TH ST. APT 413 DORAL, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/07

## ATTACHMENT

30005453

Web Client-NetImage BankUnited


#46000086079

Find
Clear
Print
Log Off

Account Number	709903243	Tracer Number	30000:2002970
Amount	50.00	Account Type	Demand Deposit
Posting Date	04/13/2007	Item Type	Debit
Check Number	8789	Item Status	Posted
TranCode	0	Archived	
Routing Number	267090594		

View Front View Back View Front AND Back

Rebuild Transaction Previous SEQ Next SEQ

CIMA TELECOM, INC. 5225 NW 87 AVENUE, SUITE 100 MIAMI, FL 33178		BANKUNITED, FSB 255 ALHAMBRA CIRCLE MEMO: FE#20-6486954 DOC#L0600008607		8789 80-105828 D DATE Mar 28, 2007 AMOUNT \$ 50.00	8789
PAY Fifty and 00/100 Dollars TO THE ORDER OF: Florida Department Of State Division Of Corporation PO Box 6198 Tallahassee, FL 32314		 AUTHORIZED SIGNATURE			
1038258101 04132007 0630-0019-0 ENT=1129 TRC=1087 PK=18 6740512573		APR 11 2007 DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1008088786		2206 90946	

ATTACHMENT

30005453  
#L06000086079

CIMA TELECOM, INC.

0047CTI

3/28/07

50.00

8789

50.00

FLORIDADEOFSTATE

Florida

8789

\$50.00

CIMA TELECOM, INC.  
5225 NW 87 AVENUE, SUITE 100  
MIAMI, FL 33178

Memo: FE#20-5486954 DOC#L0600008607

BANKUNITED, FSB  
255 ALHAMBRA CIRCLE

8789  
63-9059/2870

8789

DATE

Mar 28, 2007

AMOUNT

\$ 50.00



AY Fifty and 00/100 Dollars  
O THE  
RDER Florida Department Of State  
F: Division Of Corporation  
PO Box 6198  
Tallahassee, FL 32314

AUTHORIZED SIGNATURE

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086079

1. Entity Name  
CTI WHOLESALE SERVICES, LLC



ATTACHMENT

Principal Place of Business  
5225 NW 87TH AVENUE  
SUITE 100  
DORAL, FL 33178

Mailing Address  
5225 NW 87TH AVENUE  
SUITE 100  
DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CRUZ-BUSTILLO, JORGE L  
2600 BANK OF AMERICA TOWER  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

DIR  
CONTRERAS, DANIEL R  
5225 NW 87TH AVENUE  
DORAL, FL 33178

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PERLICZ, RAUL  
10720 NW 66TH ST. APT 413  
DORAL, FL 33178

☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Page #

03/26/07 305/261-7778