

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086079

Entity Name: CTI WHOLESALE SERVICES, LLC

FILED  
Feb 26, 2008  
Secretary of State

**Current Principal Place of Business:**

5225 NW 87TH AVENUE  
SUITE 100  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5225 NW 87TH AVENUE  
SUITE 100  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 20-5486954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRUZ-BUSTILLO, JORGE L  
2600 BANK OF AMERICA TOWER  
MIAMI, FL 33131 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: DIR ( ) Delete  
Name: CONTRERAS, DANIEL R  
Address: 5225 NW 87TH AVENUE  
City-St-Zip: DORAL, FL 33178

Title: D (X) Delete  
Name: PERLICZ, RAUL  
Address: 10720 NW 66TH ST. APT 413  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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 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: DANIEL CONTRERAS

DIR

02/26/2008

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