
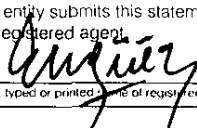
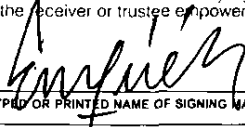


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000089166 1. Entity Name TATITECH INTERNATIONAL LLC					
Principal Place of Business 11318 NW 74 TERRACE MIAMI, FL 33178			Mailing Address 11318 NW 74 TERRACE MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 11318 NW 74 TERRACE		3. Mailing Address 11318 NW 74 TERRACE			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-5524661	
Zip 33178	Country USA	Zip 33178	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEZ, MARIA A 11318 NW 74 TERRACE MIAMI, FL 33178				7. Name and Address of New Registered Agent Name HECTOR LUQUE Street Address (P.O. Box Number is Not Acceptable) 11318 NW 74 TERRACE City Doral FL Zip Code 33178	
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  DATE 08/08/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUQUE, HECTOR J 11318 NW 74 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500109887855 09/25/07--01024--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, MARIA A 11318 NW 74 TERRACE MIAMI, 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	MGRM 11318 NW 74 TERRACE MIAMI, 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	MGRM 11318 NW 74 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				08/08/07 (305) 594-4502	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

16/1 SEP 20 PM 2:04
SECOND FLORIDA
TALLahassee FLORIDA



07052007 Chg-LLC CR2E083 (12/06)