

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092987

Entity Name: IT MIAMI SOLUTIONS L.L.C.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

6870 SW 16TH TERR  
MIAMI, FL 33155 US

## New Principal Place of Business:

8250 NW 5TH TERR  
357  
MIAMI, FL 33126 US

## Current Mailing Address:

6870 SW 16TH TERR  
MIAMI, FL 33155 US

## New Mailing Address:

8250 NW 5TH TERR  
357  
MIAMI, FL 33126 US

FEI Number: 20-5620476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, FIDEL  
6870 SW 16TH TERR  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

GONZALEZ, FIDEL  
8250 NW 5TH TERR  
357  
MIAMI, FL 33126 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: SIGNING

04/17/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GONZALEZ, FIDEL  
Address: 6870 SW 16TH TERR  
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM ( ) Delete  
Name: ALEJO, INTI  
Address: 5201 NW 7TH STREET 317W  
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, FIDEL  
Address: 8250 NW 5TH TERR  
City-St-Zip: MIAMI, FL 33126 US

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: SIGNING

MG

04/17/2007

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