

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093091

Entity Name: IMS-TRIAD GROUP, LLC

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

5001 SW 74 COURT
SUITE 106
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5001 SW 74 COURT
SUITE 106
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-5609208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MASCARO, EMILIO F
5001 SW 74 COURT
SUITE 106
MIAMI, FL 33155 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: MGR () Delete
Name: SALABARRIA, ISRAEL M
Address: 5001 SW 74 COURT, SUITE 106
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: MASCARO, EMILIO F
Address: 5001 SW 74 COURT, SUITE 106
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: PONS, PEDRO
Address: 5001 SW 74 COURT, SUITE 106
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMILIO F. MASCARO

MGR

07/14/2008

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