


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90081 003 \*\*\*\*50.00

**DOCUMENT # L06000095059**

1. Entity Name  
**INNOVATIVE CHEMICAL TECHNOLOGIES AND SERVICES, LLC**



Principal Place of Business  
**1576 SW 136 PL**  
**MIAMI, FL 33184 US**

Mailing Address  
**1576 SW 136 PL**  
**MIAMI, FL 33184 US**

2. Principal Place of Business - No P.O. Box #  
**10201 Hammock x Blvd**

3. Mailing Address  
**10201 Hammocks Blvd**

Suite, Apt. #, etc.  
**154-484**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33196**

Country  
**US**

04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5622409** Applied For  Not Applicable

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



**6. Name and Address of Current Registered Agent**

**ALOMA, LUIS**  
**1576 SW 136 PL**  
**MIAMI, FL 33184**

**7. Name and Address of New Registered Agent**

Name **Jose C. Perez**

Street Address (P.O. Box Number is Not Acceptable)  
**1576 SW 136 PL**

City **Miami FL** Zip Code **33184**

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]* DATE **4/1/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALOMA, LUIS 1576 SW 136 PL MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, MAGDIEL 1843 EAST TERRACE DR LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jose Carlos Perez 1576 SW 136 PL Miami FL 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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]* DATE **4/1/07** DAYTIME PHONE # **305 987 0480**

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