

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097256

FILED
Jan 19, 2009
Secretary of State

Entity Name: APPLIED BUSINESS TECHNOLOGIES ESM LLC

Current Principal Place of Business:

5783 SW 40TH ST.
#112
MIAMI, FL 33155

New Principal Place of Business:

5794 SW 40TH ST
#112
MIAMI, FL 33155

Current Mailing Address:

5783 SW 40TH ST.
#112
MIAMI, FL 33155

New Mailing Address:

5794 SW 40TH ST
#112
MIAMI, FL 33155

FEI Number: 26-3685383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEONORA, ROVERSI
5783 SW 40TH ST.
#112
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ELEONORA, ROVERSI
5794 SW 40TH ST
#112
MIAMI, FL 33155 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: ELEONORA ROVERSI

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CACCHIONE, MAXIME
Address: 5783 SW 40TH ST, #112
City-St-Zip: MIAMI, FL 33155 US

Title: MGR () Delete
Name: ROVERSI, ENRIQUE
Address: 5783 SW 40TH ST, #112
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CACCHIONE, MAXIME
Address: 5794 SW 40TH ST, #112
City-St-Zip: MIAMI, FL 33155 US

Title: MGR (X) Change () Addition
Name: ROVERSI, ENRIQUE
Address: 5794 SW 40TH ST, #112
City-St-Zip: MIAMI, FL 33155 US

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: MAXIME CACCHIONE

MGRM

01/19/2009

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