

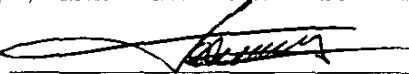


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90033 018 \*\*\*\*50.00

<b>DOCUMENT # L06000106690</b> 1. Entity Name HUMANITAED CONSULTING, LLC																																																																																																																																																															
Principal Place of Business 5590 NW 84 AVE MIAMI, FL 33166 US			Mailing Address 5590 NW 84 AVE MIAMI, FL 33166 US																																																																																																																																																												
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc  City & State  Zip      Country																																																																																																																																																													
4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-5823944</div>				04232007    Chg-LLC    CR2E083 (12/06) <input type="checkbox"/> Applicable For <input type="checkbox"/> Not Applicable																																																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent TOMASINI, ROLANDO M 5590 NW 84 AVE MIAMI, FL 33166																																																																																																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code				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 _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>TOMASINI, ROLANDO M</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5590 NW 84 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>WASSENHOVE, LUK VAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5590 NW 84 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>TOMASINI, ROLANDO E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5590 NW 84 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	TOMASINI, ROLANDO M	<input type="checkbox"/>	STREET ADDRESS	5590 NW 84 AVE		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE	MGR	<input type="checkbox"/>	NAME	WASSENHOVE, LUK VAN		STREET ADDRESS	5590 NW 84 AVE		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE	MGR	<input type="checkbox"/>	NAME	TOMASINI, ROLANDO E		STREET ADDRESS	5590 NW 84 AVE		CITY-STATE-ZIP	MIAMI, FL 33166		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-STATE-ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-STATE-ZIP					TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME					STREET ADDRESS					CITY-STATE-ZIP					TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME					STREET ADDRESS					CITY-STATE-ZIP					TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAME					STREET ADDRESS					CITY-STATE-ZIP				
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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: 				04/23/07    305-543 0443																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date      Daytime Phone #																																																																																																																																																											