

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114056

FILED
Apr 17, 2007
Secretary of State

Entity Name: STRATEGY & MEDIA CONSULTING, LLC

Current Principal Place of Business:

9100 S DADELAND BLVD
STE 1500
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 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: CENDEJAS GLEASON, AIDA
Address: 9100 S DADELAND BLVD STE 1500
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: HINOJOSA LUELMO, JUAN CARLOS
Address: 9100 S DADELAND BLVD STE 1500
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: CARRILLO SANTILLAN, CARLOS
Address: 9100 S DADELAND BLVD STE 1500
City-St-Zip: MIAMI, FL 33156

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 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: AIDA CENDEJAS GLEAS

MGR

04/17/2007

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