## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Jul 12, 2007 8:00 am Secretary of State

Daytime Phone #

Date

	ANNOAL	REPORT				secreta	ry or Su	ate	
1. Entity Nam	MENT # L0700000 TE INTERNATIONAL CON S SERVICES, LLC				The state of the s		00008 012 ****50		
Principal Plac	e of Business	Mailing Address		J	וּטַם ⊟				
-				1	•				
20300 SW 7' MIAMI, FL 3:		20300 SW 79 AVE		1.					
PRAPIL 5.	3103	MIAMI, FL 33189				ı Belin (edil esin gelin esin	PAICE COME WHEN THE STATE OF		
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numb		<del>                                     </del>	oplied For		
Zip	Country Zip		Country 5. Cer			of Status Desired	S5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>	I	7. Name and	Address of New Re	···		
				Name					
CORPORATE CREATIONS NETWORK INC 11380 PROPERSITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	le	
8 The shove	named entity submits this statement for	or the nurness of changing its	e rogietor	od office or regis	tered agent, or be	th in the State of De		and annual	
the obligat	ions of registered agent.	or the purpose of crianging its	a register	od onice or regio	kered agent, or bo	ur, ar trie state of Flor	ilda. Taili lailissiai Willi.	ана ассері	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007							check payable to Department of Stat	e	
9.	MANAGING MEMB	ERS/MANAGERS	10.		!	ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE	E			☐ Change	☐ Addition	
NAME	NAPOLEON, LUIS		NAM	E					
STREET ADDRESS	20300 SW 79 AVE		STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33189		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE	E .			☐ Change	Addition	
NAME	NAPOLEON, SHADRAC H		NAM	E					
STREET ADDRESS	20300 SW 79 AVE		STRE	ET ADORESS					
CITY-ST-ZIP	MIAMI, FL 33189		CITY	-ST-ZIP					
TITLE		□ Delete	TITLE				Change	Addition	
HAME		□ Design	NAM	·			[_] Ottatige		
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITI C			_						
TITLE		☐ Delete	TITLE	l l			☐ Change	Addition	
NAME STREET ADDRESS			MAN	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
			GIII	-31-ZIF					
TITLE		Delete	TITL				☐ Change	Addition	
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	FITL	E		·	☐ Change	☐ Addition	
NAME			NAM	E [					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	h this filing does not qualify for d that my signature shall have be empowered to execute this	or the exe the same report as	mptions containe e legal effect as i s required by Ch	ed in Chapter 119, if made under oath apter 608, Florida	Florida Statutes. I fu r; that I am a manag Statutes.	rther certify that the info ing member or manage	ormation er of the	