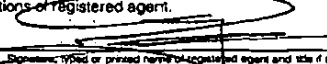
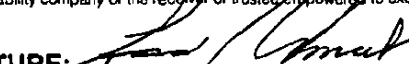


FILED  
Feb 07, 2008 8:00 am  
Secretary of State

01-11-2008 90080 002 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                          |         |                                                                                   |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|---------|-----------------------------------------------------------------------------------|-------------------------------|
| <b>DOCUMENT # L07000008133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                          |         |  |                               |
| 1. Entity Name<br><b>TREVOOLUTION - DADE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                          |         |                                                                                   |                               |
| Principal Place of Business<br>5700 N.W. 32 COURT<br>MIAMI, FL 33142                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  | Mailing Address<br>5700 N.W. 32 COURT<br>MIAMI, FL 33142 |         |                                                                                   |                               |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | 3. Mailing Address                                       |         |                                                                                   |                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | Suite, Apt. #, etc.                                      |         |                                                                                   |                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  | City & State                                             |         |                                                                                   |                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                          | Zip                                                      | Country | 4. FEI Number<br><b>76-0848256</b>                                                | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          |         | \$5.00 Additional Fee Required                                                    |                               |
| 6. Name and Address of Current Registered Agent<br><b>MIAMI CORPORATE SYSTEMS, INC.<br/>ATTN: ALFONSO PEREZ<br/>283 CATALONIA AVENUE, 2ND FLOOR<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                          |         | 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<br>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                          |         | DATE<br><b>1/8/07</b>                                                             |                               |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                          |         | Make check payable to<br>Florida Department of State                              |                               |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                          |         | 10. ADDITIONS/CHANGES                                                             |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>AMADOR, PEDRO L<br>5700 N.W. 32 COURT<br>MIAMI, FL 33142                 | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>AMADOR, JORGE<br>5700 N.W. 32 COURT<br>MIAMI, FL 33142                   | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>GIRELLI, MARIA<br>VIA DELLA STANGA, 9-23801<br>CALOLZIOCORTE (LC), ITALY | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <input type="checkbox"/> Delete                          |         |                                                                                   |                               |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                          |         | 1/3/2008                                                                          |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                          |         |                                                                                   |                               |