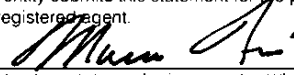
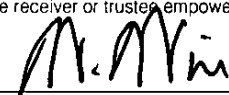


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 032 ***138.75

DOCUMENT # L07000015711					
1. Entity Name CAME AMERICAS AUTOMATION, LLC					
Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323			Mailing Address 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # 11405 NW 122nd Street		3. Mailing Address 2525 Ponce de Leon Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1225			
City & State Medley, Florida		City & State Coral Gables, FL			
Zip 33178		Country U.S.A.		04102008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 92-0195836		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Interamerican Corporate Services LLC Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd Suite 1225 City Coral Gables FL Zip Code 33134		
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 		Marco Ferri, Manager		4-16-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, WINSLOW 140 BONAVENTURE BLVD. WESTON, FL 33326	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TESSER, ADRIANO 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENÜZZO, ANDREA 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: 		4/21/2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	