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	Mailing Address
~~1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323~~	~~1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323~~

04102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11405 NW 122nd Street	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.	Zip: 33134 Country: USA

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	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MENUZZO, ANDREA 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUNRISE, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 #