2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000024059

Entity Name: CIC - CAMBRIDGE INTERNATIONAL CONSULTING - FLORIDA, LLC

Current Principal Place of Business:

CCS-6210
11010 N.W. 30TH STREET, SUITE 104
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

CCS-6210
11010 N.W. 30TH STREET, SUITE 104
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-8611573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SRVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGRM ( ) Delete
Name: VELASQUEZ, GUSTAVO
Address: CCS-6210, P.O. BOX 025323
City-St-Zip: MIAMI, FL 33102

Title: MGRM ( ) Delete
Name: SUAREZ, ALBERTO
Address: CCS-6210, P.O. BOX 025323
City-St-Zip: MIAMI, FL 33102

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VELASQUEZ, GUSTAVO
Address: CCS-6210, 11010 NW 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

Title: MGRM (X) Change ( ) Addition
Name: SUAREZ, ALBERTO
Address: CCS-6210, 11010 NW 30TH ST., SUITE 104
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: GUSTAVO VELASQUEZ MGRM 04/20/2009

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