


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 032 ***138.75

DOCUMENT # L07000042957	
1. Entity Name EG SMART SYS LLC	

Principal Place of Business 10157 S.W. 156TH AVENUE MIAMI, FL 33196	Mailing Address 10157 S.W. 156TH AVENUE MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60008443



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 223963614	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name <u>Eric Gonzalez</u> Street Address (P.O. Box Number is Not Acceptable) <u>10157 SW 156th Ave</u> <u>MIAMI FL 33196</u> City <u>MIAMI</u> FL Zip Code <u>33196</u>	
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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 <u>Eric Gonzalez MGR</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>2/13/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, ERIC 10157 S.W. 156TH AVENUE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPO, EDITH 10157 S.W. 156TH AVENUE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Eric Gonzalez MGR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>2/12/08</u> (305) 283-4933 <small>Daytime Phone #</small>