2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L07000056007

Entity Name: SPIZZIGO SERVICES LLC

Current Principal Place of Business:

1000 WEST AVE
APT 1526
MIAMI BEACH, FL 33139

New Principal Place of Business:

1000 WEST AVE
APT 927
MIAMI BEACH, FL 33139

Current Mailing Address:

1000 WEST AVE
APT 1526
MIAMI BEACH, FL 33139

New Mailing Address:

1000 WEST AVE
APT 927
MIAMI BEACH, FL 33139

FEI Number: 26-0255133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE GECKA GROUP INC
9360 SW 72 ST
STE 232
MIAMI, FL 33173 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: DOMANTI, SALVATORE
Address: 1000 WEST AVE APT 1526
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete
Name: FILIMBAIA, FEDERICA
Address: 1000 WEST AVE APT 1526
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOMANTI, SALVATORE
Address: 1000 WEST AVE APT 927
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition
Name: DOMANTI, SALVATORE
Address: 1000 WEST AVE APT 927
City-St-Zip: MIAMI BEACH, FL 33139

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: SALVATORE DOMANTI MGR 01/11/2008

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