

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAY -6 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000056883					
1. Entity Name SOUTH AMERICA TECHNOLOGY, LLC					
Principal Place of Business 5201 BLUE LAGOON DR. SUITE 926 MIAMI, FL 33216			Mailing Address 5201 BLUE LAGOON DR. SUITE 926 MIAMI, FL 33216		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0293628	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and SSO if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAGNI, JOSE C 1853 N.W. 79TH AVENUE MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAGNI, JOSE C 5201 BLUE LAGOON DR. SUITE 926 MIAMI, FL 33126	<input checked="" 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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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>CSA / JOSE CANO STAGNI APR 11, 08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	

KS