2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000072096** 08-04-2008 90054 005 ***138.75 1. Entity Name CG IMPORT & EXPORT CONSULTANTS, LLC Principal Place of Business Mailing Address UUU - - - -3770 N JOG RD 3770 N JOG RD #204 #204 WPB, FL 33411 WPB, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 26-0522*5*60 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAVEZ, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 3770 N JOG RD #204 WPB, FL 33411 Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM ...' CHAVEZ, GUSTAVO ☐ Addition Change TITLE ☐ Delete NAME NAME 3770 N JOG RD #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WPB, FL³ 33411 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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