


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 DEC -8 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000105870					
1. Entity Name FLORIDA INTERNATIONAL ENGINEERING AND TESTING LAB, LLC					
Principal Place of Business 16701 SW 117TH AVE MIAMI, FL 33177			Mailing Address 16701 SW 117TH AVE MIAMI, FL 33177		
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
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOMASUNDARAM, BALA 556 NW 53RD STREET BOCA RATON, FL 33487			Name <u>Simon Dumont</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>16701 SW 117 AVE</u>		
			City <u>Miami</u> FL Zip Code <u>33177</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMASUNDARAM, BALA 556 NW 53RD STREET BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENKATESAN, VINAYAGAR M 297 SOUTHWEST 113 AVE MIAMI, FL 33174 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUMONT, SIMON 16701 SW 117TH AVE MIAMI, FL 33177 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138957699 12/11/08--01027--010 **50.00					
<input type="checkbox"/> Change <input type="checkbox"/> Addition President/Manager Simon Dumont 16701 SW 117 AVE Miami FL 33177					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<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>[Signature]</u> <u>Simon Dumont</u> <u>11/13/08 (954) 650-8000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					