

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111055

Entity Name: RUMBERA NETWORK, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

7770 SW 104TH STREET
SUITE 207
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7770 SW 104TH STREET
SUITE 207
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANEGAS, ARI
7770 SW 104 STREET
SUITE 207
PINECREST, FL 33156 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: TAFFIN, PETER W JR.
Address: 7770 SW 104TH STREET, SUITE 207
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM () Delete
Name: BANEGAS, ARI
Address: 7770 SW 104TH STREET, SUITE 207
City-St-Zip: PINECREST, FL 33156 US

Title: MGR () Delete
Name: FUNDACION PRIVADA GE, NTIL 94
Address: P.O. B.X. 4888/PENSERAAT 35/WILLENSTAD
City-St-Zip: CURACAO/NETHERLANDS ANTILLES, WT 1143000 NA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARI BANEGAS

MGRM

04/23/2008

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