

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032718

FILED
Aug 21, 2009
Secretary of State

Entity Name: MOBILE SOLUTIONS CONSULTING GROUP LLC

Current Principal Place of Business:

2828 CORAL WAY
300
CORAL GABLES, FL 33145

New Principal Place of Business:

2828 CORAL WAY
CORAL GABLES, FL 33145

Current Mailing Address:

2828 CORAL WAY
300
CORAL GABLES, FL 33145

New Mailing Address:

2828 CORAL WAY
CORAL GABLES, FL 33145

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTINEZ, ALFONSO
2828 CORAL WAY
300
CORAL GABLES, FL 33145 US

Name and Address of New Registered Agent:

MARTINEZ, ALFONSO
2828 CORAL WAY
CORAL GABLES, FL 33145 US

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: ALFONSO MARTINEZ

08/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARRASCO, JOAQUIN
Address: 2828 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR (X) Delete
Name: FERNANDEZ, JAVIER
Address: 2828 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR (X) Delete
Name: FERNANDEZ, FELIX
Address: 2828 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

Title: MGR (X) Delete
Name: VELASCO, ANTONIO
Address: 2828 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOBILE SOLUTIONS GROUP S.L.
Address: CHILE 4, OFICINA 44
City-St-Zip: MADRID, SPAIN, MA 28230 SP

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: JAVIER FERNANDEZ

MGRM

08/21/2009

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