

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099657

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: INFOPLUS NORTH AMERICA LLC

## Current Principal Place of Business:

4460 NW 107 AVE.  
#302  
DORAL, FL 33178 US

## Current Mailing Address:

4460 NW 107 AVE.  
#302  
DORAL, FL 33178 US

## New Principal Place of Business:

4811 NW 79TH AVE SUITE 4  
4  
DORAL, FL 33166 US

## New Mailing Address:

4811 NW 79TH AVE SUITE 4  
4  
DORAL, FL 33166 US

FEI Number: 80-0297069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POLANCO, CARLOS  
4460 NW 107 AVE.  
#302  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

QUINONES, JAIRO  
10814 NW 81 LN  
DORAL, FL 33178 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: JAIRO QUINONES

04/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POLANCO, CARLOS  
Address: 4460 NW 107 AVE., #302  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM (X) Delete  
Name: ARRIAGA, CARLO  
Address: 4460 NW 107 AVE., #302  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM (X) Delete  
Name: QUINONES, JAIRO  
Address: 4460 NW 107 AVE., #302  
City-St-Zip: DORAL, FL 33178 US

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: QUINONES, JAIRO  
Address: 10814 NW 81 LN  
City-St-Zip: DORAL, FL 33178 US

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: JAIRO QUINONES

P

04/09/2009

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