

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099657

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** INFOPLUS NORTH AMERICA LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7535 NW 52ND ST  
MIAMI, FL 33166 US

**Current Mailing Address:**

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

**New Mailing Address:**

7535 NW 52ND ST  
MIAMI, FL 33166 US

**FEI Number:** 80-0297069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINONES, JAIRO  
10814 NW 81 LN  
DORAL, FL 33178 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: MR  
Name: QUINONES, JAIRO  
Address: 10814 NW 81 LN  
City-St-Zip: DORAL, FL 33178 US

I hereby 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

MR

04/25/2010

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