

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066636

FILED  
Jan 06, 2011  
Secretary of State

Entity Name: PONTIS TECHNOLOGIES, LLC

**Current Principal Place of Business:**

5445 COLLINS AVENUE, SUITE PH-9  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

701 SW 27 AVENUE  
SUITE 606  
MIAMI, FL 33135 US

**Current Mailing Address:**

5445 COLLINS AVENUE, SUITE PH-9  
MIAMI BEACH, FL 33140

**New Mailing Address:**

701 SW 27 AVENUE  
SUITE 606  
MIAMI, FL 33135 US

FEI Number: 27-0614451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PULIDO, MARIA S  
5445 COLLINS AVENUE, SUITE PH-9  
MIAMI BEACH, FL 33140 US

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

TABOADA, GASTON A  
701 SW 27 AVENUE  
SUITE 606  
MIAMI, FL 33135 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: TABOADA, GASTON A

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVABEN, MARTIN  
Address: 701 SW 27 AVENUE SUITE 606  
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM  
Name: TOMASETTI, FABIAN  
Address: 701 SW 27 AVENUE SUITE 606  
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM  
Name: DEL VALLE-RIBBA, ADRIANA  
Address: 701 SW 27 AVENUE SUITE 606  
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM  
Name: TABOADA, GASTON ARIEL  
Address: 701 SW 27 AVENUE SUITE 606  
City-St-Zip: MIAMI, FL 33135 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: TABOADA, GASTON A

MGRM

01/06/2011

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