2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L97000001358

Entity Name: CENTRAL EUROPEAN SERVICES LLC

Current Principal Place of Business:

58 CITRONIER
RAUSAU, DOMINICA, DM 00000

New Principal Place of Business:

Current Mailing Address:

2641 EAST ATLANTIC BLVD
308
POMPANO BEACH, FL 33062

New Mailing Address:

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

Name and Address of Current Registered Agent:

FENCON LLC
2641 E. ATLANTIC BLVD., SUITE 308
POMPANO BEACH, FL 33062 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: MGR ( ) Delete
Name: LAURENT, YVETTE
Address: 58 CITRONIER, APT. 1
City-St-Zip: DOMINCA,

Title: MGRM ( ) Delete
Name: APPIN ENTERPRISES LI, MITED
Address: 60 MARKET SQUARE
City-St-Zip: BELIZE CITY, BELIZE, BL 00000

Title: MGRM ( ) Delete
Name: DALEMONT TRADING LIM, ITED
Address: 60 MARKET SQUARE
City-St-Zip: BELIZE CITY, BELIZE, BL 00000

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: APPIN ENTERPRISES LIMITED MGRM 04/14/2008

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