

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90111 049 ****50.00

DOCUMENT # L98000001740

1. Entity Name

COMSYER INTERNATIONAL COMMUNICATIONS SYSTEMS AND SERVICES, L.C.



Principal Place of Business

6595 NW 36 STREET, SUITE 205-4
 MIAMI FL 33166

Mailing Address

6595 NW 36 STREET, SUITE 205-4
 MIAMI FL 33166

2. Principal Place of Business

6595 NW 36th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

Country



MOORE CR2E083 (11/03)

4. FEI Number

65-0872587

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PABON, JUDITH
 30 NW 87TH AVE APT C211
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: Ruth Pabon
 Street Address (P.O. Box Number is Not Acceptable):
 6595 NW 36th St Suite 205-4
 City: MIAMI FL Zip Code: 33166

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM Delete
 NAME: PABON LOPEZ, ALVARO
 STREET ADDRESS: 780 NE 69 STREET APT 2508
 CITY-ST-ZIP: MIAMI FL 33138

TITLE: MGRM Delete
 NAME: PACHECO DE PABON, ANA BELISA
 STREET ADDRESS: 780 NE 69 STREET APT 2508
 CITY-ST-ZIP: MIAMI FL 33138

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

10. ADDITIONS/CHANGES

TITLE: MGRM Change Addition
 NAME: Pabon Lopez Alvaro
 STREET ADDRESS: 6595 NW 36th suite 205-4
 CITY-ST-ZIP: MIAMI FL 33166

TITLE: MGRM Change Addition
 NAME: Pacheco de Pabon Ana Belisa
 STREET ADDRESS: 6595 NW 36th St # 205-4
 CITY-ST-ZIP: MIAMI FL 33166

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

04-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #