

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003579

Entity Name: IMS COMPANIES LLC

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

4854 S.W. 72ND AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4854 S.W. 72ND AVENUE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0930786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, ALICIA
4821 SW 72ND AVE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

BOTERO, HECTOR
4821 SW 72ND AVE
MIAMI, FL 33155 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: HECTOR BOTERO

07/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOTERO, HECTOR
Address: 4854 S.W. 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: BODNER, STANLEY J
Address: 300-71ST STREET, SUITE 612
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: LUBETKIN, MARIO
Address: CALLE JUAN CARLOS GOMEZ #1445
City-St-Zip: MONTEVIDEO URUGUAY 11000, OC

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: HECTOR BOTERO

CEO

07/24/2008

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