

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008686

Entity Name: AMERIREACH.COM, LLC

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

2772 BINGLE RD
HOUSTON, TX 77055

New Principal Place of Business:

Current Mailing Address:

2772 BINGLE RD
HOUSTON, TX 77055

New Mailing Address:

FEI Number: 65-0966732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALLARDE, LOUIS
5528 NW 58TH AVE
CORAL SPRINGS, FL 33067 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REDMAN, STEVEN
Address: 1600 ELDRIDGE PKWY #1802
City-St-Zip: HOUSTON, TX 77077

Title: MGRM () Delete
Name: COCHEU, BARRY
Address: 14114 BURNHART
City-St-Zip: HOUSTON, TX 77077

Title: MGRM () Delete
Name: GALLARDO, LOUIS
Address: 5528 NW 58TH AVE
City-St-Zip: CORAL SPRINGS, FL 33067

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 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 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: BARRY COCHEU

MGRM

06/28/2005

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