

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006316

FILED
Jul 25, 2006
Secretary of State

Entity Name: ENVIOS LAS AMERICAS MULTI-SERVICES LLC

Current Principal Place of Business:

10772 US HWY 1-SANDPIPER PLAZA
PT. ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10772 US HWY 1-SANDPIPER PLAZA
PT. ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 68-0615760 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:

FOSTER, TODD
7873 SW ELLIPSE WAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

GOMEZ, WALTER
773 SE ATLANTIS AVE.
PORT SAINT LUCIE, FL 34983 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: WALTER GOMEZ

07/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ, WALTER
Address: 7873 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

Title: MGR (X) Delete
Name: ROBINO, CARL J JR
Address: 7873 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, WALTER
Address: 773 SE ATLANTIS AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

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 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: WALTER GOMEZ

MGR

07/25/2006

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