2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# M05000006316

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOMEZ, WALTER MGR
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 03/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: CABRERA, AVALARDO MGR
Address: 10772 SOUTH US HIGHWAY 1-SANDPIPER PLAZA
City-St-Zip: PT ST LUCIE, FL 34952

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 03/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date