2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000112163

Entity Name: COMPLEX SERVICES INTERNATIONAL INC.

FILED Aug 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2655 S. LE JEUNE RD. SUITE. 500 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 2655 S. LE JEUNE RD SUITE, 500 CORAL GABLES, FL 33134 FEI Number: 20-3295194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUINE, MIGUEL 2655 S. LE JEUNE RD SUITE 500 MIAMI, FL 33134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition QUINE PENA, MIGUEL Name: Name: 2655 S. LE JEUNE RD. Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: DV Title: Title: () Delete () Change () Addition Name: VAN DE HOVE, ERIC Name: AVE. 10 DE MAYO VIA PANCE U. SAN B/VENTURA Address: Address: CALI, CO COLOMBIA CO City-St-Zip: City-St-Zip: () Delete Title: Title: DTS () Change () Addition ARGOTE, BLANCA Name: Name: 2655 S. LE JEUNE RD # 500 Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: () Delete Title: (X) Change () Addition REVELO MEJIA, EDWIN CHAVES, JOSE F Name: Name: Address: AVE 10 DE MAYO VIA PANCE U. SAN B/VENTURA Address: CALLE 125 NO. 47-20 L.302 City-St-Zip: CALI, CO COLOMBIA CO City-St-Zip: BOGOTA, CO COLOMBIA CO Title: () Delete Title: () Change () Addition Name: VANEGAS, IVAN Name: 2655 S. LE JEUNE RD. Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: () Delete Title: () Change (X) Addition CHAVES, JOSE FRANCISCO Name: Name: AVE. 10 DE MAYO VIA PANCE U. SAN B/VENTURA Address: Address: City-St-Zip: City-St-Zip: CALI, CO COLOMBIA CO

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL QUINE DP 08/26/2008