

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90220 029 \*\*\*\*50.00



**DOCUMENT # L05000112285**  
 1. Entity Name  
**INTEGRA SOLUTIONS LLC**

Principal Place of Business  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**



2. Principal Place of Business  
**3191 CORAL WAY**

3. Mailing Address  
**3191 CORAL WAY**

Suite, Apt. #, etc.  
**624**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33145**

Country  
**USA**

Zip  
**33145**

Country  
**USA**

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3844303**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TRANSGLOBAL CORPORATE ADMINISTRATION LLC**  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**PAULO MELO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3191 CORAL WAY #624**  
 City  
**MIAMI** FL Zip Code  
**33145**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3/17/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	MULTI CORPORATE SERVICES, INC.	520 BRICKELL KEY DRIVE, STE. 0-305	MIAMI, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	MELO, PAULO	3191 CORAL WAY #624	MIAMI, FL 33145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* DATE **3/17/06** DAYTIME PHONE # **305-567-1163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE