

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071711

FILED
Apr 09, 2008
Secretary of State

Entity Name: QUADRANTE CONSULTING GROUP, LLC

Current Principal Place of Business:

3508 NW 114 AVENUE, STE. A-BM4085
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

3508 NW 114 AVENUE, STE. A-BM4085
DORAL, FL 33178

New Mailing Address:

FEI Number: 39-2058062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS, INC.
255 ALHAMBRA CIRCLE, STE. 500
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: DE PENA EVERTSZ, CARLOS ARMANDO
Address: 3508 NW 114 AVENUE, STE. A-BM4085
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: PEREZ SANCHEZ, ROBERTO JOSE
Address: 3508 NW 114 AVENUE, STE. A-BM4085
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GARCIA LARA, JOSE ALEXANDER
Address: 3508 NW 114 AVENUE, STE. A-BM4085
City-St-Zip: DORAL, FL 33178

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 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: CARLOS ARMANDO DE PENA EVERTSZ MGRM 04/09/2008

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