

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070751

FILED
Apr 21, 2009
Secretary of State

Entity Name: SALES - BUY TOUCH, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1702792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
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: QUIROZ, MANUEL J
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.
City-St-Zip: MEXICO,

Title: MGRM () Delete
Name: LLANOS, JUAN C
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.
City-St-Zip: MEXICO,

Title: MGRM () Delete
Name: LLANOS, JOSE E
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.
City-St-Zip: MEXICO,

Title: MGRM () Delete
Name: SANCHEZ, PIERRE A
Address: PESTALOZZI NO. 858 COL. NARAVARTE C.P.
City-St-Zip: MEXICO,

Title: MGRM () Delete
Name: SHEHIN, JUAN
Address: 6767 COLLINS AVE. UNIT #703
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: MANUEL J QUIROZ

MGRM

04/21/2009

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