

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90078 029 \*\*\*\*50.00

**20041415**




04192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1547738</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**DOCUMENT # L02000027307**

1. Entity Name  
**MACOSA, LLC**



Principal Place of Business <b>354 SEVILLA AVE MIAMI, FL 33134</b>	Mailing Address <b>C/O H. CEBALLOS 354 SEVILLA AVE CORAL GABLES, FL 33134</b>
---	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KOSS, A. ESQ  
782 NW 42 AVENUE, STE. 448  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MASSONI, ODAIR RUA HARIO 247 SAO PAULO, BRASIL.</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS CEBALLOS, HAYDEE 354 SEVILLA AVE CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Haydee Ceballos* **HAYDEE CEBALLOS** 4/26/06 305-448-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #