

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000046587

1. Entity Name
AMYA, LLC



Principal Place of Business
6701 N.W. 111 AVENUE
MIAMI, FL 33178

Mailing Address
6701 N.W. 111 AVENUE
MIAMI, FL 33178



03242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0182892

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPWZ REGISTERED AGENTS, INC.
8750 N.W. 36 STREET, SUITE 220
MIAMI, FL 33178

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME AMOROSI, ANDRES
STREET ADDRESS 6701 N.W. 111 AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000538326
05/09/06-80052-016 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-6 (305) 594-0641

Date

Daytime Phone #