2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L04000086122

Entity Name: MYETUKS FUTURE INVESTMENT LLC

Current Principal Place of Business:

8320 SW 1ST STREET #208
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 610307
NORTH MIAMI, FL 33261

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETUKS, ITORO
8320 SW 1ST STREET #208
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

ETUKS, ITORO
8520 SW 1ST STREET #102
PEMBROKE PINES, FL 33025 US

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: 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ETUKS, ITORO
Address: 8320 SW 1ST STREET #208
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM ( ) Delete
Name: ETUK, REGINA
Address: 8320 SW 1ST STREET #208
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ETUKS, ITORO
Address: 8520 SW 1ST STREET #102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM (X) Change ( ) Addition
Name: ETUK, REGINA
Address: 8520 SW 1ST STREET #102
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ITORO ETUKS MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date