

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026940

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** MAGIC TWIN, LLC

**Current Principal Place of Business:**

5661 NW 112 AVE #103  
DORAL, FL 33178

**New Principal Place of Business:**

7639 NW 113 PATH  
MIAMI, FL 33178

**Current Mailing Address:**

5661 NW 112 AVE #103  
DORAL, FL 33178

**New Mailing Address:**

7639 NW 113 PATH  
MIAMI, FL 33178

**FEI Number:** 20-2521675

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS, INC.  
1290 WESTON RD. SUITE 306  
WESTON, FL 33326 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: MGR ( ) Delete  
Name: ALAMO, DIAMELA  
Address: 5661 NW 112 AVE #103  
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete  
Name: GARCIA, PAOLA  
Address: 5661 NW 112 AVE #103  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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 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: DIAMELA ALAMO

MGR

04/28/2006

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