2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009226

1. Entity Name
MUFASA LLC

Principal Place of Business	Mailing Address
10271 SW 72 STREET STE 102 MIAMI, FL 33173	10271 SW 72 STREET STE 102 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

03142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3703301

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALOS, ANDRES F
10271 SW 72 STREET STE 102
MIAMI, FL 33173

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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	MGR
NAME	ALOS, ANDRES F
STREET ADDRESS	10271 SW 72 STREET STE 102
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGR
NAME	VIAS, MARTHA
STREET ADDRESS	10271 SW 72 STREET STE 102
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/06-80041-018 50.00

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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: _____ MARTHA VIAS 3-14-06 (305-496-6396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #