

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90143 021 \*\*\*\*50.00

<b>DOCUMENT # L01000011731</b>					
<b>1. Entity Name</b> MAZAL, L.L.C.					
<b>Principal Place of Business</b> 4775 COLLINS AVENUE, UNIT 1808 MIAMI BEACH, FL 33140			<b>Mailing Address</b> 4775 COLLINS AVENUE, UNIT 1808 MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 780 NW 42 <sup>nd</sup> AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #416			
City & State		City & State MIAMI, FL.			
Zip		Country		Zip 33126	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  SIMON, STEVEN W ESQ. 801 BRICKELL AVENUE, SUITE 1901 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name CORDOVA, ANGEL D. Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 <sup>nd</sup> AVE. #416 City MIAMI, FL Zip Code 33126		
<b>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.</b> SIGNATURE <u>X</u> <b>ANGEL D. CORDOVA</b> <u>7/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIROCHNIK, OSVALDO <input type="checkbox"/> Delete 4775 COLLINS AVENUE, UNIT 1808 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALAN, RAMON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7315 NW 79 TERR. MIAMI, FL. 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: X</b>			<b>OSVALDO MIROCHNIK, MGRM</b> <u>07/26/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		