2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# L01000022255

Entity Name: BRACHO MUTISERVICES L.L.C.

Current Principal Place of Business:

5461 W. 24 AVE.
SUITE 32
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

5461 W. 24 AVE.
SUITE 32
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 26-0002660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEFINA VIVIAS, MORELA
5461 W. 24 AVE.
SUITE 32
HIALEAH, FL 33016 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	JOSEFINA VIVAS, MORELA	
Address:	5461 W. 24 AVE. STE 32	
City-St-Zip:	HIALEAH, FL 33016	
Title:	MGR	( ) Delete
Name:	HECMAR ILUSION RONDO, N BRACHO	
Address:	5461 W. 24 AVE. STE.32	
City-St-Zip:	HIALEAH, FL 33016	
Title:	MGR	( ) Delete
Name:	MARGARITA LEONOR BRA, CHO OCHOA	
Address:	5461 W. 24 AVE. STE.32	
City-St-Zip:	HIALEAH, FL 33016	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MORELAS JOSEFINA VIVIAS MGR 03/16/2005

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