2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022255

Entity Name: BRACHO MUTISERVICES L.L.C.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5461 W. 24 AVE. SUITE 32

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

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

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JOSEFINA VIVIAS, MORELA J 5461 W. 24 AVE. 5461 W. 24 AVE. SUITE 32 SUITE 32

HIALEAH, FL 33016 US HIALEAH, FL 33016 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: MORELA J VIVAS 05/01/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 JOSEFINA VIVAS, MORELA
 Name:
 VIVAS, MORELA
 J

 Address:
 5461 W. 24 AVE. STE 32
 Address:
 5461 W. 24 AVE. STE 32
 5461 W. 24 AVE. STE 32
 City-St-Zip:
 HIALEAH, FL 33016
 HIALEAH, FL 33016
 HIALEAH, FL 33016

Title: MGR () Delete Title: () Change () Addition

 Name:
 HECMAR ILUSION RONDO, N BRACHO
 Name:

 Address:
 5461 W. 24 AVE. STE.32
 Address:

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MARGARITA LEONOR BRA, CHO OCHOA
 Name:

 Address:
 5461 W. 24 AVE. STE.32
 Address:

 City-St-Zip:
 HIALEAH, FL 33016
 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: MORELA J. VIVAS MGR 05/01/2006