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07-10-2006 90106 029 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006254

1. Entity Name
MIA PROJECTS, LLC

Principal Place of Business
~~780 N.W. LE JEUNE ROAD, SUITE 324~~ 10 n.w lejeune road suite 500
C/O NICOLAS FERNANDEZ P.A.
~~MIAMI~~, FL 33126

Mailing Address
~~780 N.W. LE JEUNE ROAD, SUITE 324~~ 10 nw lejeune road suite 500 miami, fl 33126
C/O NICOLAS FERNANDEZ P.A.
MIAMI, FL 33126

02132006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
02-0585167
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
~~780 N.W. LE JEUNE ROAD, SUITE 324~~ 10 nw lejeune road # 500 miami fl 33126
MIAMI, FL 33126

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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 _____ 7-5-06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VILLALBA, LUIS
STREET ADDRESS	780 N.W. LE JEUNE ROAD, SUITE 324
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #