

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013646

Entity Name: HIBIZCUZ, L.L.C.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

575 OAKS WAY, #907
POMPANO BEACH, FL 33069

New Principal Place of Business:

7350 NW 114TH AVENUE, # 205
DORAL, FL 33178

Current Mailing Address:

3520 OAKS WAY, #907
POMPANO BEACH, FL 33069

New Mailing Address:

7350 NW 114TH AVENUE, # 205
DORAL, FL 33178

FEI Number: 36-4499349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCEDO LEAL, RONALD JOSE
575 OAKS WAY, #907
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

SALAS, HECNIC K
7350 NW 114TH AVENUE, # 205
DORAL, FL 33178 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: HECNIC K SALAS

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALCEDO LEAL, RONALD JOSE
Address: 3520 OAKS WAY #907
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM (X) Delete
Name: SALAS ROA, HECNIC KAREN
Address: 19380 COLLINS AVENUE, APT 1215B
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SALAS, HECNIC K
Address: 7350 NW 114TH AVENUE, # 205
City-St-Zip: DORAL, FL 33178

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 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: HECNIC K SALAS

MGR

04/27/2006

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