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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027158

1. Entity Name
BAZUA ENTERPRISES OF BROWARD COUNTY, L.L.C.

Principal Place of Business	Mailing Address
1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432	1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432

03102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1700 N. DIXIE HIGHWAY	1700 N. DIXIE HIGHWAY
Suite, Apt. #, etc.: SUITE 145	Suite, Apt. #, etc.: SUITE 145
City & State: BOCA RATON FL	City & State: BOCA RATON, FL
Zip: 33432 Country:	Zip: 33432 Country:

4. FEI Number: 13-4221684 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GATSOS, ELAINE M 1499 WEST PALMETTO PARK ROAD, SUITE 210 BOCA RATON, FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZUA, MARIA E 1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1700 N. DIXIE HIGHWAY. SUITE 145 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAZUA, FELIPE DE J 1700 N. DIXIE HIGHWAY, SUITE 123 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Same as above.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________________ 03/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #