

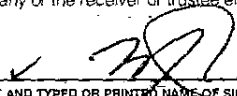


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044369</b>			
1. Entity Name MIMISA #1, LLC			
Principal Place of Business 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016	Mailing Address 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02252005 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 20-0427837	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when "on-staff") _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$50.00 Due by May 1, 2005			
000000364258 05/06/05-80033-009 50.00			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-29-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	