


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90022 020 \*\*\*\*50.00

<b>DOCUMENT # L03000044369</b> 1. Entity Name MIMISA #1, LLC	
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Principal Place of Business 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016	Mailing Address 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016
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**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0427837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016
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**DO NOT WRITE  
IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  \_\_\_\_\_  
Date Daytime Phone # \_\_\_\_\_