CITY-S1-ZIP

SIGNATURE AND TYPED OF PE

FILED Apr 28, 2005 08:00 Al Secretary of State

ANNUAL REPORT			Secretary of Sta		
DOCU	MENT # L03000044373]		
1. Entity Nam MIMISA I	ne DEVELOPMENT, LLC				
Principal Place of Business 8295 NW 157TH TERRACE 9200 S. DADELAND BLVD., SUITE 204 MIAMI LAKES, FL 33016 MIAMI, FL 33156				MAIN KAREBA (1711 DEDBAR 1770 MY 177) DEDB	
E	OO NOT WRITE IN THIS SE	PACE	02152005 No Chg-LLC Cl 4. FEI Number 20-0427777 5. Certificate of Status Desired	R2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required	
ļ	6. Name and Address of Current Registered Agent		<u> </u>	ree sequired	
	SUEL 157TH TERRACE KES, FL 33016		DO NOT WRI	_ -	
8. The above the obligat	named entity submits this statement for the purpose of changing its requires of registered agent.	gistered office or register	ed agent, or both, in the State of Flonda 1	am familiar with, and accept	
SIGNATURE.	Signature, lyped or printed name of registered agent and title if applicable. (NOTE, Ri	aguse ad Agent signature required	when reinstaurig) DV	NTE TO THE PARTY OF THE PARTY O	
F) D:	iling Fee is \$50.00 ue by May 1, 2005		## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, we have	
9.	MANAGING MEMBERS/MANAGERS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST ZIP	MGRM PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016		U00000933 04/28/05-800	3842 393-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•• •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY+S1-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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.

NTEQ NAME OF STONING IN MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Prione #