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NAME

STREET ADDRESS

CITY-ST-ZIP

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 30, 2005 8:00 am Secretary of State **DOCUMENT # L03000051486** 03-30-2005 90163 007 ****50.00 MUPAYE ACQUISITIONS LLC Principal Place of Business Mailing Address **22263344** 9210 S.W. 72ND STREET, SUITE #103 9210 S.W. 72ND STREET, SUITE #103 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDEROS, JORGE C 9210 S.W. 72ND STREET, SUITE #103 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33173 City 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 Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MEDEROS, JORGE C NAME NAME 9240 S.W. 72 ST #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change , 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

FILED