

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90093 033 \*\*\*\*50.00

**DOCUMENT # L03Q00051486**

1. Entity Name  
**MUPAYE ACQUISITIONS LLC**



Principal Place of Business  
**9210 S.W. 72ND STREET, SUITE #103  
MIAMI, FL 33173**

Mailing Address  
**9210 S.W. 72ND STREET, SUITE #103  
MIAMI, FL 33173**

**20004518**



2. Principal Place of Business  
**5835 Blue Lagoon Dr**

3. Mailing Address  
**5835 Blue Lagoon Dr.**

Suite, Apt. #, etc  
**Suite 302**

Suite, Apt. #, etc  
**Suite 302**

01142006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

Zip  
**33126**

Country  
**USA**

Zip  
**33126**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MEDEROS, JORGE C  
9210 S.W. 72ND STREET, SUITE #103  
MIAMI, FL 33173**

**7. Name and Address of New Registered Agent**

Name  
**Jorge C. Mederos**

Street Address (P.O. Box Number is Not Acceptable)  
**5835 Blue Lagoon Dr.**

**Suite 302**

City  
**Miami**

FL

Zip  
**33126**

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 **Jorge C. Mederos**

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGRM** ☐ Delete  
NAME  
**MEDEROS, JORGE C**  
STREET ADDRESS  
**9240 S.W. 72 ST #103**  
CITY-ST-ZIP  
**MIAMI, FL 33173**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
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NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**MGRM** ☒ Change ☐ Addition  
NAME  
**Jorge C. Mederos**  
STREET ADDRESS  
**5835 Blue Lagoon Dr. Suite 302**  
CITY-ST-ZIP  
**Miami FL 33126**

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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: **Jorge C. Mederos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/20/06**