2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State

DOCUMENT # L03000054605 1. Entity Name MV, LLC							01-13-2006 90034 01						
Principal Plac		ss		Mailing Address 8325 SW 54TH AVE.									
8325 SW 54TH AVE. Miami, Fl 33143				MIAMI, FL 33143									
									1 6 8 18 1 18 18 18 18 18 18 18 18 18 18 18 18 18	I BB(B) BI(I) BIT	1 6 6 011 6316 1 6 11	1 (1 11) 1 3 1 4	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01102006	Chg-LLC	CR2E08	33 (11/05)		
City & State				City & State				4. FEt Numb 58-267			<u> </u>	plied For t Applicable	
Zip	Country			Zip	Zip Count				of Status Desired		\$5.00 Add	itional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
CRISTINA ESPINOSA-MENDOZA, CPA							Name C. Espinosa - Hendoza, CPA						
8325 SW 5	54TH AVE		Street Addres			iress (F	(P.O. Box Number is Not Acceptable)						
MIAMI, FL	33143			82.05	< <	5A	Avenue						
						City .	•			FL	Zip Code	e _	
8. The above named antity submits this statement for the purpose of changing its registered office or r									oth in the State of Fig				
the obligations of registered agent. The above named shifts state of Fiolida. Tam familiar with, and accept the obligations of registered agent.													
SIGNATURE	Signatura tura		200001.00		d Agent rigget re	required	when rejectation	<u> </u>	10/06 DATE	>			
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										e check pa Departme	yable to ent of State	•	
9. MANAGING MEMBE				S/MANAGERS 10.					ADDITIONS/	CHANGES			
TITLE NAME	MGRM VIGIL, MANUEL			Delete TITLE							Change	Addition	
STREET ADDRESS		54TH AVE.			ET ADDRESS								
CITY-ST-ZIP	MIAMI, F	L 33143			-ST-ZIP								
TITLE NAME						TITLE IAME					☐ Change	☐ Addition	
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP					-ST-ZIP								
TITLE	1			☐ Delete	TITU						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM Stra	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS					NAM STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
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ÇITY-ST-ZIP					CITY	-ST-ZIP				-		j	
TITLE				☐ Delete	TITU						Change	Addition	
NAME STREET ADDRESS					NAM STRE	ET ADDRESS							
CITY-ST-ZIP						-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.													