
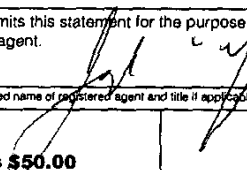
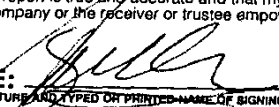


**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 9:15

DOCUMENT # L04000004507			
1. Entity Name MYD LEASING, LLC			
Principal Place of Business 2212 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316 US		Mailing Address 2212 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business 1938 Harding St Suite, Apt. #, etc. Hollywood		3. Mailing Address #310 1323 SE 17th St Suite, Apt. #, etc.	
City & State Fla		City & State FT LAUDERDALE	
Zip	Country	Zip	Country
		33316	
4. FEI Number 20-0179101		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFA, JOSEPH ONE FINANCIAL PLAZA SUITE 2202 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		JOSEPH MOFFA (NOTE: Registered Agent signature required when reinstating) DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM DELMONICO, DANIEL 2212 S ANDREWS AVENUE FT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM PABLO MUÑOZ 121 HENDRICKS ISLE FT LAUD 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		PABLO MUÑOZ Managing Member Date 5/11/05 (Daytime Phone #)	