## 2006 LIMITED LIABILITY COMPANY

## Jan 23, 2006 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L04000017866 01-23-2006 90133 014 \*\*\*\*50.00 MP NETWORK MARKETING, LLC Principal Place of Business Mailing Address 20001637 1221 SW 27 AVENUE 1221 SW 27 AVENUE SUITE 200 SUITE 200 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E083 (11/05) Applied For 4 FEI Number City & State City & State 20-0839240 Not Applicable Country Zip\_\_\_\_\_\_\_ Country Zip \$5.00 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, JOSE Street Address (P.O. Box Number is Not Acceptable) 1221 SW 27 AVENUE SUITE 200 MIAMI, FL 33135 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change TITLE Addition TITLE ☐ Delete NAME GARCIA, JOSE NAME STREET ADDRESS 1221 SW 27 AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP MGRM TITLE ☐ Delete TIT! F Channe ☐ Addition NAME AMAYA, RUDOLF NAME 1221 SW 27 AVE.STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Detete 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

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

305\_*&A*Z-989

☐ Change

☐ Addition

FILED