



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90036 023 \*\*\*150.00

<b>DOCUMENT # L04000021575</b>					
1. Entity Name SHARE THINKING ENTERPRISES, LLC					
Principal Place of Business 7805 SW 152 AVE SUITE 17 MIAMI, FL 33193 US			Mailing Address 7805 SW 152 AVE SUITE 17 MIAMI, FL 33193 US		
2. Principal Place of Business 2494 Centergate Dr Suite, Apt. #, etc. APT # 303		3. Mailing Address 2494 Centergate Dr Suite, Apt. #, etc. APT # 303		 04152006 Chg-LLC CR2E083 (11/05)	
City & State Miramar, Fl		City & State Miramar, Fl			
Zip 33025	Country Broward	Zip 33025	Country Broward	4. FEI Number 20-0894355	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORENO, RODRIGUEZ A 7805 SW 152 AVE SUITE 17 MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: MORENO, Rodrigo A Street Address (P.O. Box Number is Not Acceptable): 2494 Centergate Dr APT # 303 City: Miramar FL Zip Code: 33025		
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: <i>[Signature]</i>		Rodrigo Moreno Pres		4/14/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, RODRIGO A 7805 SW 152 AVE, SUITE 17 MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, RODRIGO A 2494 CENTERGATE DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <i>[Signature]</i>		Pres Rodrigo Moreno		4/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	