2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# L04000041020

Entity Name: MICHCIA EXPORTS INTERNATIONAL LLC

Current Principal Place of Business:

11219 N.W. 43RD COURT
CORAL SPRINGS, FL 330657201

New Principal Place of Business:

Current Mailing Address:

11219 N.W. 43RD COURT
CORAL SPRINGS, FL 330657201

New Mailing Address:

FEI Number: 55-0866830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LASHLEY, MICHELLE F
11219 N.W. 43RD COURT
CORAL SPRINGS, FL 330657201 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: LASHLEY, MICHELLE F
Address: 11219 N.W. 43RD COURT
City-St-Zip: CORAL SPRINGS, FL 330657201

Title: V ( ) Delete
Name: LASHLAY, MARCIA M
Address: 3700 N.W. 88TH AVE, #212
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LASHLEY, MARCIA M
Address: 3700 N.W. 88TH AVE, #212
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE F LASHLEY P 07/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date