


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041020 1. Entity Name MICHICIA EXPORTS INTERNATIONAL LLC	
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Principal Place of Business 11219 N.W. 43RD COURT CORAL SPRINGS, FL 33065-7201	Mailing Address 11219 N.W. 43RD COURT CORAL SPRINGS, FL 33065-7201
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0866830	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

**LASHLEY, MICHELLE F
11219 N.W. 43RD COURT
CORAL SPRINGS, FL 33065-7201**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASHLEY, MICHELLE F 11219 N.W. 43RD COURT CORAL SPRINGS, FL 330657201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASHLEY, MARCIA M 3700 N.W. 88TH AVE, #212 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80058-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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: M. Lashley / MICHELLE F. LASHLEY 1/8/2007 954-796-7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #