


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90014 045 ****50.00

| | |
|---------------------------------------|---|
| DOCUMENT # L04000043985 |  |
| 1. Entity Name MPZ MANAGEMENT, LLC | |

| | |
|---|---|
| Principal Place of Business 10520 N.W. 26 STREET SUITE C-201 MIAMI, FL 33172 | Mailing Address 10520 N.W. 26 STREET SUITE C-201 MIAMI, FL 33172 |
|---|---|

20067000



| | |
|---|---|
| 2. Principal Place of Business 10520 NW 26 ST. Suite, Apt. #, etc. 201 City & State Doral FL | 3. Mailing Address 10520 NW 26 St. Suite, Apt. #, etc. 201 City & State Doral FL |
|---|---|

04052006 Chg-LLC CR2E083 (11/05)

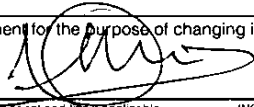
| | | | |
|--------------|-------------------|--------------|-------------------|
| Zip 33172 | Country U.S.A. | Zip 33172 | Country U.S.A. |
|--------------|-------------------|--------------|-------------------|

| | |
|--|-------------------------------|
| 4. FEI Number APPLIED FOR 20-1245174 | Applied For Not Applicable |
|--|-------------------------------|

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent PAGLIERY, SERGIO A 8788 S.W. 8 STREET MIAMI, FL 33174 | | 7. Name and Address of New Registered Agent Name Jose E. Cabanas Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - C 201 City Doral FL Zip Code 33172 | |
|--|--|---|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

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:  Jose E. Cabanas DATE: 04/06/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | MGR PARDO, MARIA E 10520 N.W. 26 STREET SUITE C-210 MIAMI, FL 33172 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Pardo, Maria E. 10520 NW 26 ST. - C 201 Doral, FL 33172 <input checked="" 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 |
| 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 |
| 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 |

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:  DATE: 04/06/06 (305) 513 3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jose E. Cabanas