

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049608

Entity Name: MY SIX ANGELS, L.L.C.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

531 S.W. 42ND AVENUE, SUITE 116
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

531 S.W. 42ND AVENUE, SUITE 116
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-1336610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ, PA
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SHERMAN, THOMAS G ESQ, PA
90 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAR, LAURA
Address: 531 S.W. 42ND AVENUE, SUITE 116
City-St-Zip: MIAMI, FL 33134

Title: MGRM () Delete
Name: CHAR, ERLINDA
Address: 531 S.W. 42ND AVENUE, SUITE 116
City-St-Zip: MIAMI, FL 33134

Title: MGRM () Delete
Name: CHAR, ROBERTO
Address: 531 S.W. 42ND AVENUE, SUITE 116
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

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

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

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

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: LAURA CHAR

MGRM

04/26/2006

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