2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053841

1. Entity Name
MONEYMAKERS, LLC

Principal Place of Business	Mailing Address
6401 S.W. 87TH AVENUE, SUITE 202 MIAMI, FL 33173	6401 S.W. 87TH AVENUE, SUITE 202 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

04272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2145959

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R C.P.A.
6401 S.W. 87TH AVENUE, SUITE 202
MIAMI, FL 33172

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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 _____ DATE
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STERN, ENRIQUE F
STREET ADDRESS	HOMERO #229, DESP. 302
CITY-ST-ZIP	MEXICO D.F.,
TITLE	MGR
NAME	KARAKOWSKI, LUIS ENRIQUE W
STREET ADDRESS	HOMERO #229, DESP. 302
CITY-ST-ZIP	MEXICO D.F.,
TITLE	MGR
NAME	CUEVAS ECHAIDE, EMMANUEL EDGAR
STREET ADDRESS	HOMERO #229, DESP. 302
CITY-ST-ZIP	MEXICO D.F.,
TITLE	MGR
NAME	SAMPSON COHEN, ESTHER BLANCA
STREET ADDRESS	HOMERO #229, DESP. 302
CITY-ST-ZIP	MEXICO D.F.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80025-016 50.00

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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: _____ 4/30/06 (305)223-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #