

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 6401 S.W. 87TH AVENUE, SUITE 202 MIAMI, FL 33173	Mailing Address 6401 S.W. 87TH AVENUE, SUITE 202 MIAMI, FL 33173
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04272006 No Chg-LLC

CR2E083 (11/05)

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

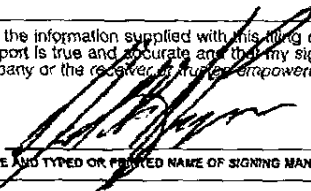
**Filing Fee is \$50.00
Due by May 1, 2006**

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

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:  **4/27/06 (305) 273-1344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #