


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 012 ****50.00

DOCUMENT # L04000060645	
1. Entity Name MAUSA LLC	

Principal Place of Business 10556 NW 26 ST SUITE D-101 DORAL, FL 33172 US	Mailing Address 10556 NW 26 ST SUITE D-101 DORAL, FL 33172 US
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40001733



2. Principal Place of Business 10544 NW 26 St.	3. Mailing Address 10544 NW 26 St.
Suite, Apt. #, etc. E-202	Suite, Apt. #, etc. E-202
City & State Doral, FL	City & State Doral, FL
Zip 33172 Country U.S.A.	Zip 33172 Country U.S.A.

06092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1495845		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 CABANAS & ASSOCIATES, P.A. 10520 NW 26 ST SUITE C 201 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATTOLINI, CONSTANZA L MGR 10556 NW 26 ST SUITE D101 DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scattolini, Dania 10544, NW. 26 St. - E-202 Doral, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATTOLINI, MAURO MGR 10556 NW 26 ST SUITE D101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scattolini, Mauro 10544 NW. 26 St. - E-202 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL KHAOULI, SALOMON MGR 10556 NW 26 ST SUITE D101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR El Khaouli, Salomon 10544 NW 26 St. - E-202 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL KHAOULI, JOSE MGR 10556 NW 26 ST SUITE D101 DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR El Khaouli, JOSE 10544 NW 26 St. - E-202 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

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:

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

08-03-06

Date

(305) 594 1098

Daytime Phone #

Mauro Scattolini