

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069518

Entity Name: BUSINESS MINDERS LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

4535 NW 97 CT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

4535 NW 97 CT
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-1767935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALINAS, IRIS A
6730 NW 109 CT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

GOMEZ DE LA VEGA, MARIA A
4535 NW 97TH COURT
DORAL, FL 33178 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: MARIA GOMEZ DE LA VEGA

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ DE LA VEGA, MARIA A
Address: 4535 NW 97 CT
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: SALINAS, IRIS A
Address: 6730 NW 109 CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ DE LA VEGA, MARIA A
Address: 4535 NW 97 CT
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change () Addition
Name: GOMEZ DE LA VEGA, JUAN
Address: 4535 NW 97TH COURT
City-St-Zip: DORAL, FL 33178

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: MARIA GOMEZ DE LA VEGA

MGRM

04/30/2006

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