


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000092917		
1. Entity Name KURVA GROUP, LLC		

FILED

06 JUN -2 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



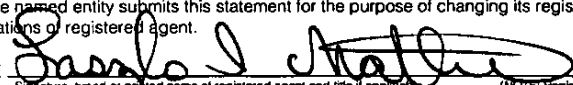
Principal Place of Business 2528 SE 20 PLACE #201 HOMESTEAD, FL 33035	Mailing Address 2528 SE 20 PLACE #201 HOMESTEAD, FL 33035
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2. Principal Place of Business 7037 NW 5th Ct.	3. Mailing Address 7037 NW 5th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33150	Zip 33150
Country USA	Country USA

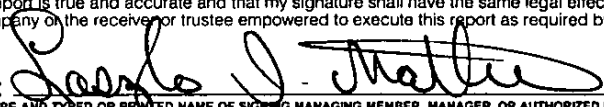
05302006	Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2627355	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATHE, LASZLO I 7037 NW 5th Ct. Miami, FL 33150 USA.		Name LASZLO I MATHE Street Address (P.O. Box Number is Not Acceptable) 7037 NW 5th COURT City MIAMI FL Zip Code 33150	

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 5/31/06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHE, LASZLO I 7037 NW 5th Court Miami, Fla 33150 USA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATTILA F. MATHE 7085 NOVA DRIVE #108 DAVIE, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076243436 06/15/06--01035--003 **\$5.00 <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
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
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: 	DATE: 5/31/06 DAYTIME PHONE #: 305-244-4717