


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90060 007 \*\*\*\*55.00

<b>DOCUMENT # L05000006595</b>	
1. Entity Name <b>MORALES &amp; ALMEIDA DEVELOPMENT, LLC</b>	

Principal Place of Business <b>8900 S.W. 117TH AVENUE, SUITE B104 MIAMI, FL 33186</b>	Mailing Address <b>8900 S.W. 117TH AVENUE, SUITE B104 MIAMI, FL 33186</b>
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**20000894**

2. Principal Place of Business <b>7374 SW 93 Ave Suite, Apt. #, etc. #201 City &amp; State Miami, FL Zip 33173 Country USA</b>	3. Mailing Address <b>7374 SW 93 Ave Suite, Apt. #, etc. #201 City &amp; State Miami, FL Zip 33173 Country USA</b>
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01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3756883</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ALMEIDA, RODNEY 8900 S.W. 117TH AVENUE, SUITE B104 MIAMI, FL 33186</b>	7. Name and Address of New Registered Agent Name <b>Rodney Almeida</b> Street Address (P.O. Box Number is Not Acceptable) <b>7374 SW 93 Ave #201 City Miami FL Zip Code 33173</b>
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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 <b>1/11/06</b>

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMEIDA, RODNEY 8900 S.W. 117TH AVENUE, SUITE B104 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rodney Almeida 7374 SW 93 Ave #201 Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORALES, JUAN M 9745 S.W. 72ND STREET, SUITE 207 MIAMI, FL 33173 <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
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

Date

Daytime Phone #

**1/11/06 (305) 596-0000**