

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90039 040 ****50.00

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1. Entity Name
FINDMYBIZ LLC



Principal Place of Business
9300 NW 58TH ST
213-A
MIAMI, FL 33178

Mailing Address
9300 NW 58TH ST
213-A
MIAMI, FL 33178

2. Principal Place of Business
7579 NW 112 PL

3. Mailing Address
7579 NW 112 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-LLC CR2E083 (11/05)

City & State
DORAL FL

City & State
DORAL FL

4. FEI Number
20-2568510

Applied For
Not Applicable

Zip
33178

Country
MIAMI-DADE

Zip
33178

Country
MIAMI-DADE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYERAS, ALVARO
9300 NW 58 ST
SUITE 213A
MIAMI, FL 33178

Name
ALVARO PAYERAS

Street Address (P.O. Box Number is Not Acceptable)
7579 NW 112 PL

City DORAL FL Zip Code 33178

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGR
STREET ADDRESS PAYERAS, ALVARO
CITY-ST-ZIP 9300 NW 58 ST
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 and am duly 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 #

04/01/06