


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 013 \*\*\*\*50.00

<b>DOCUMENT # L05000038454</b> 1. Entity Name <b>CREATIVE CONSULTING OF FLORIDA, LLC</b>			
Principal Place of Business <b>17818 WEST 32ND PLACE HIALEAH, FL 33012</b>		Mailing Address <b>1643 BRICKELL AVENUE, #1702 MIAMI, FL 33129</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1643 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>1106</b>	
City & State <b>MIAMI, FL</b>		4. FEI Number <b>01232006 Chg-LLC CR2E083 (11/05)</b>	
Zip <b>33129</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALVAREZ, YVONNE 1643 BRICKELL AVENUE, #1702 MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>YVONNE ALVAREZ</b> Street Address <b>1643 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>* 1106</b> City <b>MIAMI</b> FL Zip Code <b>33129</b>	
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 <u><i>Yvonne Alvarez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/23/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALVAREZ, YVONNE 1643 BRICKELL AVENUE, #1702 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YVONNE ALVAREZ 1643 BRICKELL AVENUE # 1106 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INDUSTRIAS OMEGA PANAMERICANA SUR KM 7 1/2 SECTOR GUAJATO ECUADOR.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INDUSTRIAS OMEGA PANAMERICANA SUR KM 7 1/2, SECTOR GUAJALO QUITO, ECUADOR
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: <u><i>Yvonne Alvarez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>1/23/06</u> DAYTIME PHONE # <u>(305) 858-4638</u>	