

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90211 044 \*\*\*\*50.00

<b>DOCUMENT # L05000041162</b>					
<b>1. Entity Name</b> MOOD INVESTMENT GROUP LLC					
<b>Principal Place of Business</b> 2665 SOUTH BAYSHORE DR., SUITE 703 C/O MITCHELL POLANSKY MIAMI, FL 33133			<b>Mailing Address</b> 2665 SOUTH BAYSHORE DR., SUITE 703 C/O MITCHELL POLANSKY MIAMI, FL 33133		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 56-5282			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip	Country	Zip 33156	Country	03092006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DR., SUITE 703 MIAMI, FL 33133				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code FL	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<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	MGR DOMINGUEZ, OSVALDO 2665 SOUTH BAYSHORE DR., SUITE 703 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Dominguez, Osvaldo P.O. Box 56-5282 Miami FL 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change    Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change    Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change    Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change    Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change    Addition			
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Osvaldo Dominguez</i> <i>4/3/06</i> Date      Daytime Phone #					