

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-03-2006 90006 020 ****50.00

DOCUMENT # L05000047866					
1. Entity Name E.G. MANAGEMENT & CONSULTING SERVICES LLC					
Principal Place of Business 5450 SW 70 PL NORTH MIAMI, FL 33155			Mailing Address 5450 SW 70 PL NORTH MIAMI, FL 33155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GONZALEZ, EDUARDO 5450 SW 70 PL NORTH MIAMI, FL 33155				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GONZALEZ, MICHELLE 5450 SW 70 PL NORTH MIAMI, FL 33155				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

<input type="checkbox"/> Change <input type="checkbox"/> Addition					

<input type="checkbox"/> Change <input type="checkbox"/> Addition					

<input type="checkbox"/> Change <input type="checkbox"/> Addition					

<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>RODOLFO GONZALEZ</u> 28 FEB 2006 7864175764					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

30005517



02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3099588** Applied For ☐ Not Applicable ☐

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