

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90289 022 \*\*\*\*50.00

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<b>DOCUMENT # L05000065810</b> 1. Entity Name <b>DMAKERS LLC</b>					
Principal Place of Business <b>912 WALLACE ST CORAL GABLES, FL 33134</b>			Mailing Address <b>912 WALLACE ST CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>2501 BRICKELL AVE Suite, Apt. #, etc. #208</b>		3. Mailing Address <b>2501 BRICKELL AVE Suite, Apt. #, etc. #208</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33129</b>		Country <b>MIAMI DADE</b>		Zip <b>33129</b>	
Country <b>MIAMI DADE</b>		Country <b>MIAMI DADE</b>			
6. Name and Address of Current Registered Agent  <b>CORTES, JAVIER A 912 WALLACE ST CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2501 BRICKELL AVE</b> <b>NO. 208</b> City <b>MIAMI</b> <b>FL</b> 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 _____ (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	<b>MGRM CORTES, JAVIER A 912 WALLACE ST CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MICELI, BEATRIZ 912 WALLACE ST CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 606, Florida Statutes.					
<b>SIGNATURE: JAVIER CORTES</b>		<b>3-10-06 786-443-5542</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	