2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 31, 2006 8:00 am Secretary of State

DOCUMENT # L05000078557 1. Entity Name THE MULTI-CULTURAL FAMILY CENTER I, LLC						05-31-200	6 90056 014 ***	*55.00
Principal Place of Business 7500 S.W. 8 STREET, STE. 307 MIAMI, FL 33144		Mailing Address 7500 S.W. 8 STREET, STE. 307 MIAMI, FL 33144		20046860 -				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242006	Chg-LLC	CR2E083 (11/05	5)	
City & State		City & State		4. FEI Numb	113064	<i>i</i> →	Applied For Not Applicable	
Zip	Country Zip Cou		Coun	itry	Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent			7. Name and	d Address of New	Registered Agent	
	00 1005 4			Name				
VILLALOBOS, JOSE A 2350 CORAL WAY, STE. 202 MIAMI, FL 33145		Street Address ((P.O. Box Numb	per is Not Acceptab	le)		
				0''				
				City			FL Zip Co	ede
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of F	lorida. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 6, 2006						Make check payable to Florida Department of State		
Fil Due t	ing Fee is \$50.00 by September 6, 2006							
Fil Due t	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBER	RS/MANAGERS	10.			Florid		
Due t	by September 6, 2006	RS/MANAGERS	10.	E		Florid	la Department of Sta	ate
Due t	by September 6, 2006 MANAGING MEMBER		_	I		Florid	la Department of Sta	ate
9. TIITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KANSZI-VELOSO, ELDA 7500 S.W. 8 STREET, STE. 307		TITU NAM STRE	EET ADDRESS		Florid	la Department of Sta	ate
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM KANSZI-VELOSO, ELDA	☐ Delete	TITU NAM STRE CITY	ET ADDRESS -ST-ZIP		Florid	la Department of Sta	Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE