2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088237

Entity Name: MENUGAL, LLC

FILED Feb 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

CALLE 72 A # 1-20 APT. 401

BOGOTA, CO BOGOTA CO

Current Mailing Address: New Mailing Address:

300 SEVILLA AVENUE SUITE 201 CORAL GABLES, FL 33134

FEI Number: 20-3549157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALONSO & GARCIA, P.A.

300 SEVILLA AVENUE

SUITE 201

SUITE 201 SUITE 201

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: DOMINGO ALONSO 02/22/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Name: GALOFRE, PAULA

Address: CARRERA 14 93B-32 OF. 503
City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM () Delete Name: MENDOZA, RINA

Address: CARRERA 14 93B-32 OF. 503 City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM () Delete Name: NULE, VIVIANA

Address: CARRERA 14 93B-32 OF. 503
City-St-Zip: BOGOTA, CO BOGOTA CO

 Title:
 MGRM () Delete

 Name:
 DEL CASTILLO, EDMUNDO

 Address:
 CARRERA 14 93B-32 OF. 503

 City-St-Zip:
 BOGOTA, CO BOGOTA CO

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: GALOFRE, PAULA

Address: CALLE 72 A # 1-20, APT. 401 City-St-Zip: BOGOTA, CO COLOMBIA CO

Title: MGRM (X) Change () Addition

Name: MENDOZA, RINA

Address: CALLE 72 A # 1-20, APT. 401 City-St-Zip: BOGOTA, CO COLOMBIA CO

Title: MGRM (X) Change () Addition

Name: NULE, VIVIANA

Address: CALLE 72 A # 1-20, APT.401 City-St-Zip: BOGOTA, CO COLOMBIA CO

Title: MGRM (X) Change () Addition
Name: DEL CASTILLO, EDMUNDO
Address: CALLE 72 A # 1-20, APT. 401
City-St-Zip: BOGOTA, CO COLOMBIA CO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAULA GALOFRE MGRM 02/22/2006