


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 023 ****50.00

DOCUMENT # L05000094195	
1. Entity Name MINT LLC	

Principal Place of Business 1666 KENNEDY CAUSEWAY STE 706 NORTH BAY VILLAGE, FL 33141	Mailing Address 1666 KENNEDY CAUSEWAY STE 706 NORTH BAY VILLAGE, FL 33141
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60029178



2. Principal Place of Business - No P.O. Box # 200 Leslie Drive	3. Mailing Address 200 Leslie Drive
Suite, Apt. #, etc. Unit 404	Suite, Apt. #, etc. Unit 404
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009	Country
Zip 33009	Country

03072007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
MIR, HECTOR J ESQ 2655 LE JEUNE ROAD STE 1107 CORAL GABLES, FL 33134	

4. FEI Number APPLIED FOR 20-3724078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAVIRIA, JUAN C. <input checked="" type="checkbox"/> Delete 1666 KENNEDY CAUSEWAY STE 706 NORTH BAY VILLAGE, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIGUERA, JAVIER A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIAGONAL 149 #834 BOGOTA, COLOMBIA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VEGA, PEDRO <input type="checkbox"/> Delete 1666 KENNEDY CAUSEWAY STE 706 NORTH BAY VILLAGE, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VEGA, PEDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 LESLIE DR UNIT 404 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  **Manager** **03/07/2007** **(305) 951-6074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #