2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90042 026 ****50.00

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04062006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
MAVILLE, LLC

Principal Place of Business	Mailing Address
150 S.E. 2ND AVE., SUITE 1200 C/O BORIS ROSEN, CPA MIAMI, FL 33131	150 S.E. 2ND AVE., SUITE 1200 C/O BORIS ROSEN, CPA MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
5481 NW 159 St.	5481 NW 159 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami
Zip: 33014 / Country: USA	Zip: 33014 / Country: USA

4. FEI Number: 20-4677716 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J
150 S.E. 2ND AVE., SUITE 1200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Marcelo Villena
Street Address (P.O. Box Number is Not Acceptable): 2030 South Ocean Dr.
Ap. # 1525
City: Hallandale FL Zip Code: 33309

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: _____ DATE: 04/07/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	VILLENA, MARCELO	NAME	Villena, Marcelo
STREET ADDRESS	150 S.E. 2ND AVE., SUITE 1200	STREET ADDRESS	2030 South Ocean Dr. Ap. 1625
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Hallandale, FL 33309
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date: 04/07/06 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE