

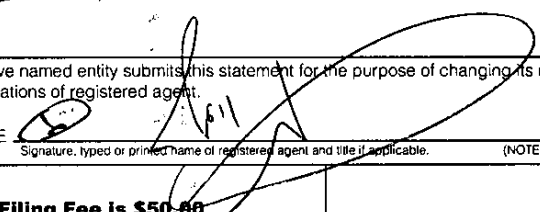
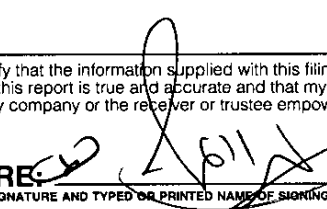


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90295 008 ****50.00

DOCUMENT # L05000106851					
1. Entity Name MITECH TECHNOLOGY LLC					
Principal Place of Business 457 VISTA ISLES PLANTATION, FL 33325			Mailing Address 2800 EAST COMMERCIAL BLVD STE 208 208 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 8140 CLARY BLVD Suite, Apt. #, etc. 1412 City & State PLANTATION FL. Zip 33325 Country U.S.		3. Mailing Address 8140 CLARY BLVD. Suite, Apt. #, etc. 1412 City & State PLANTATION FL. Zip 33325 Country U.S.			
02282006 Chg-LLC CR2E083 (11/05)				4. FEI Number 72-1607753	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 E. COMMERCIAL BLVD STE 208 208 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name MICHAEL WIEGLER Street Address (P.O. Box Number is Not Acceptable) 8140 CLARY BLVD # 1412 City PLANTATION FL Zip Code 33325		
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					
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 NAME MGRM STREET ADDRESS WIEGLER, MICHAEL CITY-ST-ZIP 457 VISTA ISLES PLANTATION, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 8140 CLARY BLVD # 1412 CITY-ST-ZIP PLANTATION FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME MGRM STREET ADDRESS VARDI, LIOR C CITY-ST-ZIP 457 VISTA ISLES PLANTATION, FL 33325	<input checked="" 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	
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 			Date 3/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT**e-Services Enrollment
Confirmation**Quit Interview[Print this Form](#)

Thank you for enrolling for e-Services online. Your request has been accepted. **Please print this page for your records.** Within three weeks, you will receive individual mailings containing user information for each tax account you enrolled.

Taxpayer Information:Confirmation: 06022871652 **Please keep this information for your records.**

FEIN: 72-1607753

Business Name: MITECH TECHNOLOGY, LLC

SSN:

Name:

20018269
#L05060106851**Tax Fee/Type:** Sales and Use Tax

Taxpayer ID: 16-8013468155-8

Taxpayer Business Name: MITECH TECHNOLOGY, LLC.

Filing/Payment Method: Internet file & pay

Internet Filing Site User Information: User ID: AF1346815501; Password: 72514315View or print [instructions](#) (will open in a new window).

You will receive these instructions and additional information in the mail.

*** Your account will be ready for filing after two business days.****Payment Contact:**

Name: MICHAEL WIEGLER (is a company employee)

Address: 8140 CLEARY BLVD APT 1412
PLANTATION FL 33324-1374

Phone: (954)549-0720 ext FAX: () -

E-Mail: MAILURTAX@MSN.COM

Filing Contact:

Name: MICHAEL WIEGLER (is a company employee)

Address: 8140 CLEARY BLVD APT 1412
PLANTATION FL 33324-1374

Phone: (954)549-0720 ext FAX: () -

E-Mail: MAILURTAX@MSN.COM

Bank Information:

Name: BANK OF AMERICA, N.A.

Type: Checking

Account: 005562249566 Routing: 063000047

Enrollee Authorization and Agreement

This is an Agreement between the Florida Department of Revenue, hereinafter "the Department," and the business entity named herein, hereinafter "the Enrollee," entered into

ATTACHMENT

2008269

#40508016685T

- pursuant to the provisions of the Florida Statutes and the Florida Administrative Code.

By completing this agreement and submitting this enrollment request, the Enrollee applies and is hereby authorized by the Department to file tax returns and reports, make tax and fee payments, and transmit remittances to the Department electronically. This Agreement represents the entire understanding of the parties in relation to the electronic filing of returns, reports, and remittances.

The same statute and rule sections that pertain to all paper documents filed or remitted by the Enrollee also govern an electronic return, report, payment, or remittance initiated electronically pursuant to this enrollment.

By entering my/our name(s) below, I/we certify that I/we am/are authorized to sign on behalf of the business entity identified herein, and that all information provided in this document has been personally reviewed by me/us and the facts stated in it are true. According to the payment method selected above, I/we hereby authorize the Department to present debit entries into the bank account referenced above at the depository designated herein (ACH-Debit), or, I/we am/are authorized to register for the ACH-Credit payment privilege and accept all responsibility for the filing of payments through the ACH-Credit method.

Signature: MICHAEL WIEGLER**Title: PRESIDENT**

If bank account requires two signatures,

Signature:**Title:**