


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 002 ****50.00

DOCUMENT # L03000040319	
1. Entity Name SOEMAT, LLC	

Principal Place of Business 9448 HARDING AVENUE MIAMI BEACH, FL 33154	Mailing Address 9721 EASY BAY HARBOR DRIVE SUITE 3B MIAMI BEACH, FL 33154
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2. Principal Place of Business 6538 Collins Ave 214	3. Mailing Address 6538 Collins Ave 214
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Suite, Apt. #, etc. 214	Suite, Apt. #, etc. 214
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City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
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Zip 33141	Country MIAMI DADE	Zip 33141	Country MIAMI DADE
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02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2408067	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR ESQ 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181	
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7. Name and Address of New Registered Agent	
Name RUBEN ZURLO	
Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVE	
City MIAMI BEACH	Zip Code 33141


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 2-17-06
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Filing Fee is \$50.00 Due by May 1, 2006	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	MGRM RUBEN NORMAN ZURLO 8430 HARDING AVE., APT. 4 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURLO, RUBEN 6538 COLLINS AVE 214 MIAMI BEACH FL 33141 <input checked="" 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
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 2-17-06	Daytime Phone # 305 864 8590
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