2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089379

Entity Name: MOON FLOWERS & TROPICALS LLC

FILED Jan 11, 2007 Secretary of State

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

10700 NW 66 STREET #513 **DORAL, FL 33178**

Current Mailing Address: New Mailing Address:

10700 NW 66 STREET #513 DORAL, FL 33178

FEI Number: 32-0180966 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:

TOBAL, DEBORA 10700 NW 66 STREET #513 DORAL, FL 33178

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

() Delete Title: () Change () Addition

TOBAL, DEBORA Name: Name: Address: 10700 NW 66 STREET #513 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip:

Title: MGR Title: () Delete () Change () Addition

Name: TOBAL, ALEX Name: Address: 10700 NW 66 STREET #513 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

SIVA-GOMEZ, ALVARO Name: SILVA-GOMEZ, ALVARO Name: 10700 NW 66 STREET #513 10700 NW 66 STREET #513 Address: Address:

City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

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: DEBORA TOBAL 01/11/2007