

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089379

FILED
Jan 11, 2007
Secretary of State

Entity Name: MOON FLOWERS & TROPICALS LLC

Current Principal Place of Business:

10700 NW 66 STREET #513
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10700 NW 66 STREET #513
DORAL, FL 33178

New Mailing Address:

FEI Number: 32-0180966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOBAL, DEBORA
Address: 10700 NW 66 STREET #513
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: TOBAL, ALEX
Address: 10700 NW 66 STREET #513
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: SIVA-GOMEZ, ALVARO
Address: 10700 NW 66 STREET #513
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SILVA-GOMEZ, ALVARO
Address: 10700 NW 66 STREET #513
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

MGR

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date