
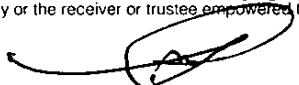


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90031 030 \*\*\*\*50.00

<b>DOCUMENT # L01000002375</b> 1. Entity Name <b>POLO MEX, LLC</b>					
Principal Place of Business <b>1704 N. 17 ST. TAMPA, FL 33605</b>			Mailing Address <b>1200 CLEVELAND ST. CLEARWTER, FL 33755</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>COHN, VANESSA</b> <del><b>706 WEST AZEELE ST.</b></del> <del><b>TAMPA, FL 33606</b></del>  <b>(address has changed)</b>				7. Name and Address of New Registered Agent Name <b>Vanessa N. Cohn, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 N. Florida Avenue</b>  City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>	
NAME	CASTREJON, LORENZO		NAME		
STREET ADDRESS	101-S AURORA AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	MGR <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>	
NAME	ROMAN, REYES		NAME		
STREET ADDRESS	9100 URMERTON RD		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>	
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.					
<b>SIGNATURE:</b> 			<b>3-06-06</b> 727-510-6671		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		

ATTACHMENT

20017021

#LOT00002375

LAW OFFICES  
**ARNSTEIN & LEHR LLP**

1110 NORTH FLORIDA AVE.  
TAMPA, FLORIDA 33602-3343  
(813) 254-1400  
FAX (813) 254-5324  
www.arnstein.com  
FOUNDED 1893

CHICAGO, ILLINOIS  
BOCA RATON, FLORIDA  
FORT LAUDERDALE, FLORIDA  
MIAMI, FLORIDA  
WEST PALM BEACH, FLORIDA  
HOFFMAN ESTATES, ILLINOIS  
MILWAUKEE, WISCONSIN  
MEMBER OF INTERNATIONAL  
LAWYERS NETWORK

March 15, 2006

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: Polo Mex, LLC  
FEI #59-3705077  
Our File No. 30460-0002

Dear Sir or Madam:

I have enclosed completed and signed 2006 Limited Liability Company Annual Report for the referenced company, together with our firm's check in the amount of \$50.00 to cover applicable filing fees.

Please note that the registered agent's address has changed as noted under item 7.

If you should have any questions or further requirements, please contact me at 813-254-1400.

Thank you for your assistance with the foregoing.

Very truly yours,  
ARNSTEIN & LEHR LLP

By: 

Vanessa Negron Cohn

VNC:ma

Enclosures

cc: Mr. Lorenzo Castrejon (with enclosures)

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