2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000002375

1. Entity Name POLO MEX, LLC

FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

1704 N. 17 ST. TAMPA, FL 33605 Mailing Address

1200 CLEVELAND ST. CLEARWTER, FL 33755



03042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3705077

Applied For Not Applicable

5. Cortificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COFIN. VANESSA N ESO 12 ON FLORIDA AVE TAMPA EL 33602

CASTREJON 101 S. AURORA AVE.

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101 S. AURORA CLEARWATER, F	L 33765	IN THIS SPACE	
e named entity submits this statement for the purpose of clions of registered agent.	hanging its registered office	ice or registered agent, or both, in the State of Florida. I am familiar with, and acc	tept
Separities apped or profe a name of recessaried agent and fillion applicable	(NOTE Reastered Agents	sapistura required when revistaring) DATF	
iling Fee is \$50.00 ue by May 1, 2007		04/03/07-80028-004 50.00	
MANAGING MEMBERS/MANAGERS			
MGR	ļ		
CASTREJON, LORENZO			
101-S AURORA AVE			
CLEARWATER, FL 33765			
1	CLEARWATER, F mamed entity submits this statement for the purpose of clions of registered agent. Separation typed or product twee of registered agent algorithm typed or product twee of registered agent algorithm. Separation typed or product twee of registered agent are taken to purpose of clions of registered agent. Separation typed or product twee of registered agent are taken to purpose of clions of registered agent. Separation typed or product twee of registered agent	Experience speed or predict recent of a developed related and the planticable (NOTE Recistered Annual illing Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR CASTREJON, LORENZO 101-S AURORA AVE	CLEARWATER, FL 33765 married 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 accounts of registered agent. Separation typed or professional argument and tale playerable. (NOTE Registered Aniah) separative required when revisiting) UNITED DESTRICTS UNITED DE

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1	indicated	certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information on this report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am a managing member or manager of the
	limited ha	bility company or the receiver or tru sted empowere d to execute this report as required by Chapter 608, Florida Statules.

SIGNATURE:

STREET ADDRESS
CITY+ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-7P

NAME
STREET AUDRESS
CHY-ST-ZIP
THLE
NAME
STREET ADDRESS
CHY-ST-ZIP
THLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-22-07

Dayling Physis