

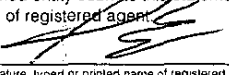
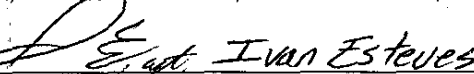


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90133 018 ****50.00

DOCUMENT # L02000006616 1. Entity Name POIEMA LLC					
Principal Place of Business 3271 NW 63 ST. FORT LAUDERDALE, FL 33309			Mailing Address IVAN ESTEVES 3261 NW 63RD STREET FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 273 S. State Rd. 7 #297		3. Mailing Address 273 South State Rd. 7			
Suite, Apt. #, etc. 297		Suite, Apt. #, etc. #297		05132004 Chg-LLC CR2E083 (10/03)	
City & State MARGATE, Florida		City & State MARGATE, Florida		4. FEI Number 01-0647527	
Zip 33068		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEVES, IVAN 3261 NW 63 ST. FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Ivan Esteves Street Address (P.O. Box Number is Not Acceptable) 273 S. ST. Rd. 7 unit 297 City Margate, Florida FL Zip Code 33068	
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 9-9-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEVES, IVAN 3261 NW 63 ST. FORT LAUDERDALE, FL 33309			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM IVAN Esteves 273 S. ST. Rd. 7 unit 297 MARGATE, Florida 33068				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members/changes)					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 9-9-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					