

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024125

1. Entity Name
PUINA, LLC.



Principal Place of Business

**1625 NORTH COMMERCE PARKWAY, #315
WESTON, FL 33326**

Mailing Address

**1625 NORTH COMMERCE PARKWAY, #315
WESTON, FL 33326**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0030249

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOVAR, ILEANA A ESQ.
WESTON TOWN CENTER
1725 MAIN STREET, SUITE 205
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000456442
03/16/06-80029-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NAVAS, NELSON
1625 NORTH COMMERCE PARKWAY, #315
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PUIG, FERNANDO
1625 NORTH COMMERCE PARKWAY, #315
WESTON, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

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

2/28/06

Date

Daytime Phone #