


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000024125 1. Entity Name PUINA, LLC.	
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Principal Place of Business 1625 NORTH COMMERCE PARKWAY, #315 WESTON, FL 33326	Mailing Address 1625 NORTH COMMERCE PARKWAY, #315 WESTON, FL 33326
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03162007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 27-0030249	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____

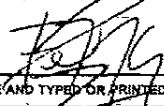
**Filing Fee is \$50.00
Due by May 1, 2007**

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
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03/27/07-80110-016 50.00

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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.

SIGNATURE:  3/16/2007 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #