

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005845

Entity Name: POISONWOOD, LLC

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

10040 SW 33 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10040 SW 33 STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLE, ALEJANDRO
2100 CORAL WAY, SUITE 310
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ, JESUS
Address: 10040 SW 33 STREET
City-St-Zip: MIAMI, FL 33165

Title: MGR () Delete
Name: VIDAL, JOSE
Address: 10040 SW 33 STREET
City-St-Zip: MIAMI, FL 33165

Title: MGR () Delete
Name: NOVOA, JORGE
Address: 10040 SW 33 STREET
City-St-Zip: MIAMI, FL 33165

Title: MGR () Delete
Name: NOVOA, MILAGROS
Address: 10040 SW 33 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JESUS M. GOMEZ

MGR

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date