


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90018 022 ****50.00

DOCUMENT # L03000014190

1. Entity Name
FRAXTOM PHARMA LLC



Principal Place of Business
**8252 NW 30TH TERR.
 MIAMI, FL 33122**

Mailing Address
**8252 NW 30TH TERR.
 MIAMI, FL 33122**

2. Principal Place of Business
18850 NE 29th Ave.

3. Mailing Address
18850 NE 29th Ave

Suite, Apt. #, etc.
Suite # 403

Suite, Apt. #, etc.
Suite # 403

City & State
Aventura Florida

City & State
Aventura - Florida

Zip
33180

Country
US

Zip
33180

Country
US



04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0477467

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ
 3440 HOLLYWOOD BLVD., STE. 360
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Leandro Mariano Gallo 18850 NE 29th Ave. Suite #403 Aventura - FL. 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Ruben Lagru 410 Poinciana Island Dr. Sunny Isles - FL. 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Federico Carlos Braga 18850 NE 29th Ave. Suite # 403 Aventura - FL. 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Ruben Lagru** **04/13/04** **786-553-6510**

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