

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014190

Entity Name: FRAXTOM PHARMA LLC

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

18850 NE 29TH AVE STE 403  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18850 NE 29TH AVE STE 403  
AVENTURA, FL 33180

**New Mailing Address:**

410 POINCIANA ISLAND DR.  
SUNNY ISLES BEACH, FL 33160

FEI Number: 51-0477467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Title: MGR ( ) Delete  
Name: MARIANO GULLO, LEANDRO  
Address: 18850 NE 29TH AVE STE 403  
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete  
Name: LAARU, RUBEN  
Address: 410 POINCIANA ISLAND DR  
City-St-Zip: SUNNY ISLES, FL 33460

Title: MGR (X) Delete  
Name: CARLOS BRAGA, FEDERICO  
Address: 18850 NE 29TH AVE STE 403  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUBEN, LAGRU R  
Address: 410 POINCIANA ISLAND DR.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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 Section 119.07(3)(i), 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: RUBEN LAGRU

MGR

04/27/2005

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