

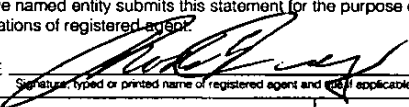
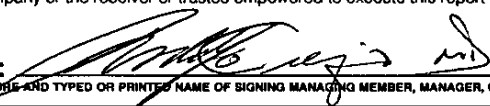


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 20 AM 11:06

<b>DOCUMENT # L03000020812</b> 1. Entity Name <b>FIBER OF LIFE, LLC</b>					
Principal Place of Business <b>14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470</b>			Mailing Address <b>C/O RODOLFO TREJO 14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business <b>4777 N. CONGRESS AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4777 N. CONGRESS AVE.</b> Suite, Apt. #, etc.			
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>		4. FEI Number <b>20-0047255</b>	
Zip <b>33426</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TREJO, RODOLFO 14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470</b>				7. Name and Address of New Registered Agent Name <b>TREJO, RODOLFO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4777 N. CONGRESS AVE</b> City <b>BOYNTON BEACH FL 33426</b>	
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  <small>Signature typed or printed name of registered agent and not applicable.</small>				DATE <b>6/8/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$50.00		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, RODOLFO 14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, BEVERLY 14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JULIO 21 E. 61 ST HIALEAH, FL 33013			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JULIO 21 E. 61 ST HIALEAH, FL 33013			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JULIO 21 E. 61 ST HIALEAH, FL 33013			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JULIO 21 E. 61 ST HIALEAH, FL 33013			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JULIO 21 E. 61 ST HIALEAH, FL 33013			<input type="checkbox"/> Delete	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>6/8/05</b> DAYTIME PHONE # <b>561-969-1778</b>	