




**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000020812			
1. Entity Name FIBER OF LIFE, LLC			
Principal Place of Business 4777 N CONGRESS AVE BOYNTON BEACH, FL 33426		Mailing Address 4777 N CONGRESS AVE BOYNTON BEACH, FL 33426	
DO NOT WRITE IN THIS SPACE			
		 04252006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-0047255	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 TREJO, RODOLFO 4777 N CONGRESS AVE BOYNTON BEACH, FL 33426		DO NOT WRITE IN THIS SPACE	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		 U000000551173 05/13/06-80087-020 50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TREJO, RODOLFO 14719 TEMPLE BLVD. LOXAHATCHEE, FL 33470		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TREJO, JULIO 21 E 61 STREET HIALEAH, FL 33013		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Rodolfo Trejo MGRM</u>		Date <u>4/25/06</u> (561) 969-1777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			