


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90046 006 \*\*\*\*50.00

DOCUMENT # L03000040621					
1. Entity Name <b>POJOPA, LLC</b>					
Principal Place of Business <b>328 EAST NEW YORK AVENUE DELAND, FL 32724</b>			Mailing Address <b>328 EAST NEW YORK AVENUE DELAND, FL 32724</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
07052005		Chg-LLC		CR2E083 (10/03)	
4. FEI Number <b>73-1683223</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TRINCHITELLA, ALBINA</b> <b>1000 S. OCEAN BLVD.</b> <b>6J</b> <b>POMPANO BEACH, FL 33062</b>			Name <b>PIERO BOCCAROSSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2570 JETSKER CIR #B</b> City <b>ORANGE CITY FL.</b> <b>FL</b> Zip Code <b>32763</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 <u><i>Piero Buccarossa</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>8-31-05</b>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>TRINCHITELLA, ALBINA</b> <b>1000 S. OCEAN BLVD., #6J</b> <b>POMPANO BEACH, FL 33062</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PIERO BOCCAROSSA</b> <b>2570 JETSKER CIR #B</b> <b>ORANGE CITY FL 32763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Piero Buccarossa</i></u>			<b>8-31-05</b> <b>3868730083</b> Date Daytime Phone #		