


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025185

1. Entity Name
XAGRO LLC



Principal Place of Business Mailing Address

**1840 WEST 49TH ST.
 #220-10
 HIALEAH, FL 33012**

**P.O. BOX 1444B4
 CORAL GABLES, FL 33114 US**



02132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
55-0863322 Not Applicable

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

6. Name and Address of Current Registered Agent

**ORDONEZ, SANTANDER B
 1840 WEST 49TH ST.
 #220-04
 HIALEAH, FL 33012**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PRAT, DOLORES A MS. 1840 WEST 49TH ST. #220-04 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PRAT, ALVARO MR. 1840 WEST 49TH ST. #220-04 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PRAT, THERESA MS. 1840 WEST 49TH ST. #220-04 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PRAT, ISIDRO MR. 1840 WEST 49TH ST. #220-04 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/16/06-80012-007 55.00

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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: Alvaro de Prat MGR Date: 2/28/06 Daytime Phone #: 305 961 2036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE