

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003882

1. Entity Name
PROCOIN, LLC.



Principal Place of Business
1725 MAIN STREET, SUITE 209
WESTON, FL 33326

Mailing Address
1725 MAIN STREET, SUITE 209
WESTON, FL 33326



01252007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2151847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ILEANA ARIAS TOVAR
1725 MAIN STREET, SUITE 209
WESTON TOWN CENTER
WESTON, FL 33326

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAFAEL MACARIO, ANGEL 1725 MAIN STREET, SUITE 209 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANUEL MACARIO, JUAN 1725 MAIN STREET, SUITE 209 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, FERNANDO 1725 MAIN STREET, SUITE 209 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAZ, FRANCISCO 1725 MAIN STREET, SUITE 209 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/05/07-80045-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  Date: 01.25.2007 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE