


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

04-26-2006 90016 046 ****50.00

DOCUMENT # L0500006129
 1. Entity Name
WET SPOT PRODUCTS, LLC



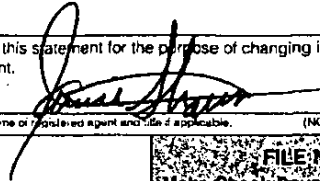
Principal Place of Business Mailing Address
 820 SW 14TH COURT 820 SW 14TH COURT
 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
HERMAN, BRUCE
 1401 E. BROWARD BLVD. #206
 FT. LAUDERDALE FL 33060

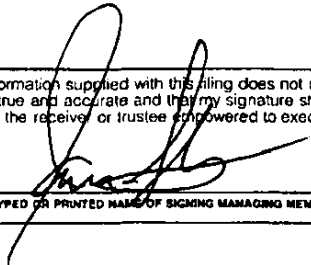
4. FEI Number: **20-2412916** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **Jamie Straum**
 Street Address (P.O. Box Number is Not Acceptable): **820 SW 14th Ct.**
 City: **Pompano** FL Zip Code: **33060**

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: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President	Jamie Straum 971 E. Country Club Cir Plantation Fla 33317	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **4/10/06** 954-782-7279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #