



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051230		
1. Entity Name VIROS, LLC		
Principal Place of Business 7132 N.W. 48TH WAY COCONUT CREEK, FL 33073 US	Mailing Address 7132 N.W. 48TH WAY COCONUT CREEK, FL 33073 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIAZ, OSCAR 7132 N.W. 48TH WAY COCONUT CREEK, FL 33073		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</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, OSCAR 7132 N.W. 48TH WAY COCONUT CREEK, FL 33073	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVEZ, VIRGINIA 7132 N.W. 48TH WAY COCONUT CREEK, FL 33073	
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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: 		DATE: <u>March 25, 2007</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>



03202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2893237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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04/04/07-80083-017 50.00