2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000118780

Entity Name
 PLUTARCO, LLC.



FILED Jan 09, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

16805 SW 97 AVENUE MIAMI, FL 33157 US 16805 SW 97 AVENUE MIAMI, FL 33157 US



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-4651117

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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6. Name and Address of Current Registered Agent

GOLDSTEIN, TANEN & TRENCH, P.A. TWO SOUTH BISCAYNE BOULEVARD SUITE 3700 MIAMI, FL 33131

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PELLETIER, JESUS
STREET ADDRESS	16805 SW 97 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGRM
NAME	PELLETIER, NILDA
STREET ADDRESS	16805 SW 97 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filling does not qualify for the e	

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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:

PED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-3-07

Date

Daytime Phone #