


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004598
 1. Entity Name
3350 POINCIANA, LLC



Principal Place of Business 14336 SW 104TH ST., #23 MIAMI, FL 33196	Mailing Address 14936 SW 104TH ST., #23 MIAMI, FL 33196
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03222004 No Chg-LLC C R2E06 3 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0434720	Applied For Not Applicable
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5. Certificate of Status Desired **\$ 5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEONARDO, JOSE J ESQ.
 12515 N. KENDALL DR., SUITE 222
 MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

000000096441
 03/25/04-80029-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE SOSA, JUAN 1110 BRICKELL AVE., SUITE 504 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOS, RAFAEL 14936 SW 104TH ST., #23 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALENCIA, LOURDES CALLE VALENCIA 180J, RINCONADA DEL LAGO LA MOLIN, LIMA 12, PERU,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rafael Rios, Manager Mar 22, 04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Telephone #