


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000007289**

1. Entity Name  
**MAILWORKS! USA, LLC**



Principal Place of Business <b>5454 NORTHWEST 52 AVENUE          COCONUT CREEK, FL 33073</b>	Mailing Address <b>5454 NORTHWEST 52 AVENUE          COCONUT CREEK, FL 33073</b>
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1118674</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**GELFANO, MICHAEL J  
 5454 NW 52 AVENUE  
 COCONUT CREEK, FL 33073**

**DO NOT WRITE IN THIS SPACE**

7. 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 reinstating)

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

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GELFANO, MICHAEL J 5454 NW 52 AVENUE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAUVIN, SHARON 5454 NW 52 AVENUE COCONUT CREEK, FL
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U00000011823  
 01/23/04-80053-018 50.00

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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)(d), 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: *Sharon Caivin*      1/21/04      954-588-1973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #