


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90369 011 ****50.00

DOCUMENT # L06000086311

1. Entity Name
KAR'S WORLD LLC



Principal Place of Business
17011 NORTH BAY ROAD BLDG.#3
SUITE 207
SUNNY ISLES BEACH, FL 33160

Mailing Address
17011 NORTH BAY ROAD BLDG.#3
SUITE 207
SUNNY ISLES BEACH, FL 33160

40113640



2. Principal Place of Business - No P.O. Box #
1900 NW 33rd COURT

3. Mailing Address

Suite, Apt. #, etc.
BAY 7

Suite, Apt. #, etc.

05102007 Chg-LLC CR2E083 (12/06)

City & State
POMPANO BEACH FL

City & State

4. FEI Number
20-5493593

Applied For
 Not Applicable

Zip
33064

Country
USA

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TACSA, NELLY M
17011 NORTH BAY ROAD BLDG.#3
SUITE 207
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Nelly M Tacsá* DATE **5/10/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME TACSA, NELLY M STREET ADDRESS 17011 NORTH BAY ROAD BLDG.#3 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR	NAME SARMIENTO, LUIS E STREET ADDRESS 17011 NORTH BAY ROAD BLDG.#3 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *Nelly M Tacsá* DATE: **5/10/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #