

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# L08000090975

Entity Name: CGDW INTERNATIONAL LLC

Current Principal Place of Business:

9331 NW 34 COURT
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9331 NW 34 COURT
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3418277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILVA, WENDY I
9331 NW 34 COURT
SUNRISE, FL 33351 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SILVA, WENDY I
Address: 9331 NW 34 COURT
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ALVAREZ, ALEJANDRO
Address: 9331 NW34 COURT
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SILVA, SAMUEL A SR.
Address: 9331 NW 34TH COURT
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WENDY I SILVA

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date