
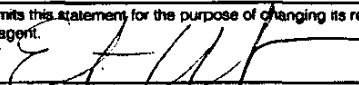



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 034 ***150.00

DOCUMENT # P99000109380			
1. Entity Name LW FORFAITING, INC.			
Principal Place of Business 5300 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131		Mailing Address 5300 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131	
2. Principal Place of Business 2730 SW 3RD AVENUE Suite, Apt. #, etc. SUITE 703 City & State MIAMI, FL Zip 33129		3. Mailing Address 2730 SW 3RD AVENUE Suite, Apt. #, etc. SUITE 703 City & State MIAMI, FL Zip 33129	
Country USA		Country USA	
4. FEI Number 65-0970560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ETHAN W 5300 FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131		7. Name and Address of New Registered Agent Name JOHNSON, ETHAN W Street Address (P.O. Box Number is Not Acceptable) 5300 WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD. City MIAMI FL Zip Code 33131	
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: 4/27/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALLES, CARLOS A TORRE COPERNICO PISCO 7 701 CARACAS, VENEZUELA 1080,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  R. ALEJANDRO ZALLES		DATE: 4/22/05 (305) 285-0050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

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