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Secretary of State
05-03-2004 90143 038 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/

DOCUMENT # L03000002353

1. Entity Name
FAWA, L.L.C.

34009798

Principal Place of Business	Mailing Address
TURNBERRY PLAZA 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180	TURNBERRY PLAZA 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180

04302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
770 CLAUGHTON ISL DR	770 CLAUGHTON ISL DR
Suite, Apt. #, etc. PH 30	Suite, Apt. #, etc. PH 30
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip / Country 33131 / USA	Zip / Country 33131 / USA

4. FEI Number
55-0815178
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SERBER, DANIEL J ESQ. TURNBERRY PLAZA 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180	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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER SERGIO WAISSMAN 770 Claughton Isl Dr PH30 Miami, FL 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER SERGIO WAISSMAN 770 Claughton Isl Dr	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PH 30 Miami, FL, 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: 4/30/04 305-402-3614

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