

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006995

FILED
Feb 01, 2011
Secretary of State

Entity Name: FWAS INVESTMENT GROUP, LLC.

Current Principal Place of Business:

200 WASHINGTON AVENUE
WILMINGTON, DE 19803 US

New Principal Place of Business:

Current Mailing Address:

200 WASHINGTON AVENUE
WILMINGTON, DE 19803 US

New Mailing Address:

FEI Number: 26-1785539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, JUAN P MGRM
1050 BRICKELL AVENUE
2022
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Title: MGR
Name: FUENTES WALLIS, ANA MARIA (20%)
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM
Name: FUENTES WALLIS, JUAN PABLO (20%)
Address: 200 WASHINGTON AVENUE
City-St-Zip: WILMINGTON, DE 19803 US

Title: MGRM
Name: FUENTES WALLIS, ANDRES (20%)
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM
Name: FUENTES WALLIS, JOSE IGNACIO (20%)
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

Title: MGRM
Name: FUENTES DE MENDEZ, MARIA CAROLINA (20%)
Address: C CAICARA, C.E. FERROCASA, TORRE A, PISO 3
City-St-Zip: PUERTO ORDAZ, ESTADO BOLIVAR, BO 8050 VE

I hereby 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: JUAN P FUENTES

MGRM

02/01/2011

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