


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J27184	
1. Entity Name LLW CORP.	

Principal Place of Business 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131 US	Mailing Address 1110 BRICKELL AVE., SUITE 202 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2712782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AUERBACH, HAROLD
1 SE 3RD AVE
STE 1280
MIAMI, FL 33131**

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IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000096789 03/26/04-80012-014-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUERBACH, HAROLD 1 SE 3RD AVE, #1280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFSON, LYNN 1 SE 3RD AVE, #1280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFSON, LOUIS, III 1 SE 3RD AVE, #1280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPRARO, FRANZ 1 SE 3RD AVE, #1280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 of 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: Harold Auera **HAROLD AUERBACH** 3-24-04 305-377-8914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #