

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 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



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2712782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, HAROLD
1110 BRICKEL AVE #202
MIAMI, FL 33131

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000446016
03/07/06-80072-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
AUERBACH, HAROLD
1110 BRICKELL AVE #202
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOLFSON, LYNN
1110 BRICKELL AVE #202
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WOLFSON, LOUIS, III
1110 BRICKELL AVE #202
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CAPRARO, FRANZ
1110 BRICKELL AVE #202
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 305.377.8714

Date

Daytime Phone if