

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 044 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 2699 S. Bayshore Dr. Suite, Apt. #, etc. 5th FLOOR | | 3. Mailing Address 2699 S. Bayshore Dr. Suite, Apt. #, etc. 5th FLOOR | | 40008931 | |
| City & State MIAMI FL | | City & State MIAMI FL | | 01112008 Chg-P CR2E034 (12/06) | |
| Zip 33133 | | Country USA MIAMI Dade | | 4. FEI Number 59-2712782 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent AUERBACH, HAROLD 1110 BRICKELL AVE #202 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name: MARK SCOTT Street Address (P.O. Box Number is Not Acceptable): 2699 S. BAYSHORE DR. 5th FLOOR City: MIAMI FL Zip Code: 33133 | | |
| 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: <u>ms</u> <u>MATTHEW</u> DATE: <u>1/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 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 ST NAME AUERBACH, HAROLD STREET ADDRESS 1110 BRICKELL AVE #202 CITY-ST-ZIP MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PD NAME WOLFSON, LYNN STREET ADDRESS 1110 BRICKELL AVE #202 CITY-ST-ZIP MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - DOB 330062 MIAMI FL 33133 | |
| TITLE VD NAME WOLFSON, LOUIS, III STREET ADDRESS 1110 BRICKELL AVE #202 CITY-ST-ZIP MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 9400 S. DADELAND BLVD #100 MIAMI FL 33134 | |
| TITLE VD NAME CAPRARO, FRANZ STREET ADDRESS 1110 BRICKELL AVE #202 CITY-ST-ZIP MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1110 BRICKELL AVE PH2 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Lynn Wolfson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-15-08 305-646-6105 <small>Date Daytime Phone #</small> | | |