

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27184

Entity Name: LLW CORP.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

2699 BAYSHORE DR. 5TH FLOOR  
MIAMI, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

2699 BAYSHORE DR. 5TH FLOOR  
MIAMI, FL 33133 US

## New Mailing Address:

FEI Number: 59-2712782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, MARK  
2699 S. BAYSHORE DR. 5TH FLOOR  
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOLFSON, LYNN  
Address: PO BOX 330062  
City-St-Zip: MIAMI, FL 33133

Title: VD ( ) Delete  
Name: WOLFSON, LOUIS, III,  
Address: 9400 S. DADELAND BLVD #100  
City-St-Zip: MIAMI, FL 33156

Title: VD ( ) Delete  
Name: CAPRARO, FRANZ,  
Address: 110 BRICKELL AVE #2  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN WOLFSON

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date