


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007289	
1. Entity Name MAILWORKS! USA, LLC	

Principal Place of Business 5454 NORTHWEST 52 AVENUE COCONUT CREEK, FL 33073	Mailing Address 5454 NORTHWEST 52 AVENUE COCONUT CREEK, FL 33073
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01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1118674	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GELFANO, MICHAEL J 5454 NW 52 AVENUE COCONUT CREEK, FL 33073	DO NOT WRITE IN THIS SPACE
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7. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GELFANO, MICHAEL J 5454 NW 52 AVENUE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAUVIN, SHARON 5454 NW 52 AVENUE COCONUT CREEK, FL
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01/23/04-80053-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/21/04 **954-588-1973**
Date Daytime Phone #