




**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000013778</b>						
1. Entity Name WORLD ADMINISTRATIVE SERVICES, LLC						
Principal Place of Business 7485 W 2ND CT HIALEAH, FL 33014	Mailing Address 7485 W 2ND CT HIALEAH, FL 33014	  03242005No Chg-LLC      CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 65-1128914</td><td style="padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired      <input checked="" type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 65-1128914	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  RUMORE, C. ANTHONY ESQ. 540 EAST MCNAB ROAD, SUITE C POMPANO BEACH, FL 33060						
<b>DO NOT WRITE IN THIS SPACE</b>						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>						
9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENEREO, DANIEL 17641 NW 88TH AVE. HIALEAH, FL 33018	  000000305973 04/14/05-80108-006 55.00  <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SYMOIS, INC 540 E. MCNAB RD. POMPANO BEACH, FL 33060					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENEREO, ANDRES 267 EAST 11TH STREET HIALEAH, FL 33010					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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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)(f), 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: 		4-11-05      786-251-0505				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date      Daytime Phone #</small>				