


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90268 003 \*\*\*\*55.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L01000013778</b><br>1. Entity Name<br><b>WORLD ADMINISTRATIVE SERVICES, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>7485 W 2ND CT<br/>HIALEAH, FL 33014</b>   |  |  | Mailing Address<br><b>7485 W 2ND CT<br/>HIALEAH, FL 33014</b>     |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                             |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                            |   |  |  |
| City & State  |  | City & State                                   |   | 4. FEI Number<br><b>65-1128914</b>   |  |
| Zip   |  | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |  |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>RUMORE, C. ANTHONY ESQ.<br/>540 EAST MCNAB ROAD, SUITE C<br/>POMPAÑO BEACH, FL 33060</b>   |  |  |   | Name <b>Daisy Venereo</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7485 West 2nd Court</b><br>City <b>Hialeah</b> <b>FL</b> Zip Code <b>33014</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.<br>SIGNATURE <u><i>Daisy Venereo</i></u> <u><i>Daisy Venereo</i></u> <u><i>Daisy Venereo</i></u> <u><i>3-14-06</i></u><br><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<br/>Due by May 1, 2006</b>   |  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>VENEREO, DANIEL<br/>17641 NW 88TH AVE.<br/>HIALEAH, FL 33018</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>SYMOIS, INC<br/>540 E. MCNAB RD.<br/>POMPAÑO BEACH, FL 33060</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>VENEREO, ANDRES<br/>267 EAST 11TH STREET<br/>HIALEAH, FL 33010</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 11. 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 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.              |  |  |   |  |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | <u><i>3-14-06</i></u><br><small>Date Daytime Phone *</small>      |  |  |