03/10/2004 13:15 SOFIA POWELL-COSIO → 3053658686

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90258 013 ****50.00

24034159

MOORE CR2E083 (11/03)

DOCUMENT # L02000018045

1. Entity Name
PHOENIX WORLDWIDE TRADING LLC

Principal Place of Business	Mailing Address
C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE. MIAMI FL 33129	C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE. MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address
50 W Mashta Drive	50 W Mashta Drive
Suite, Apt. #, etc.: Suite #2	Suite, Apt. #, etc.: Suite #2
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. FEI Number: 30-0109793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1900 SW 3RD AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Ernesto H. Weisson
Street Address (P.O. Box Number is Not Acceptable): 50 W Mashta Drive Suite #2
City: Key Biscayne FL Zip Code: 33149

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 ______ [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISSON HOLDING LLC 1111 BRICKELL AVE 11TH FLOOR MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Weisson Holding, LLC 50 W Mashta Drive Suite #2 Key Biscayne FL 33149	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

PLEASE SIGN

SIGNATURE: [signature] 3/24/04 (305) 365 7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #