


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90335 017 \*\*\*\*\*50.00

<b>DOCUMENT # L03000025915</b>	
1. Entity Name <b>USA WORK PERMITS, LLC</b>	

Principal Place of Business <b>3730 COCONUT CREEK PKWY SUITE 120 COCONUT CREEK, FL 33066</b>	Mailing Address <b>79 COVENTRY STREET SUITE 6 NEWPORT, VT 05855-2100</b>
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**60047510**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


04272007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>76-0736691</b>	Applied For <input type="checkbox"/> Not Applicable
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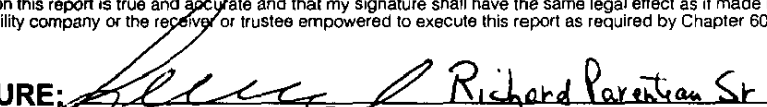
6. Name and Address of Current Registered Agent <b>PARENTEAU, RICHARD SR USA WORK PERMITS, LLC. 3730 COCONUT CREEK PKWY, SUITE 120 COCONUT CREEK, FL 33066</b>	
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7. Name and Address of New Registered Agent	
Name <b>Richard Parenteau Sr</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3730 Coconut Creek Pkwy #120</b>	
City <b>C</b>	
City <b>Coconut Creek</b>	FL Zip Code <b>33066</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 	<b>Richard Parenteau Sr April 27, 2007</b> (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PARENTEAU, RICHARD SR 79 COVENTRY STREET, SUITE 6 NEWPORT, VT 050552100</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Richard Parenteau Sr April 27, 2007 1-800-613-0656</b> Date Daytime Phone #