2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000037307

1. Entity Name

ONE WORLD IMPORTS, LTD. COMPANY



FILED
Apr 16, 2005 08:00 AM
Secretary of State

Principal Place of Business

4261 6TH LANE, S.W. VERO BEACH, FL 32968 Mailing Address

4261 6TH LANE, S.W. VERO BEACH, FL 32968



04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 33-1072362

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JENNIFER 4261 6TH LANE, S.W. VERO BEACH, FL 32968

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8. The at	ove named entity submits this statement for the purpose of c	changing its registered office or registered agent, or both,	in the State of Florida. I am famillar with, and a	accept
	ligations of registered agent.			
4,				
SIGNATU	ne			
SIGNATO	Signal 4c, typed of printed game of registered agent and title 4 appheable.	(FICTE: Registered Agent signal are required when reinstating)	DATE	
	and thirt of the area is a second in the contract of the second in t	to the territory of the		

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		
HITLE NAME STREET ADDRESS CITY-ST ZIP	MGR ECHAVARRIA, CLAUDIA 4261 6TH LANE, S.W. VERO BEACH, FL 32968	
TITLE HAME STREET ADDRESS CITY ST ZIP	MGR EVANS, JENNIFER 4261 6TH LANE, S.W. VERO BEACH, FL 32968	
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TITLE NAME STREET ADDRESS GITY ST ZIP	certify that the information supplied with this filing does not qualify for the exe	

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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:

TYPED OR PRINTED NAME

En

F SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.8.05 772-299-3288

Date

Days to Phone #