Aug 19 04 11:35a

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 19 PM 12:22

08/19/04

DOCUMENT # L03000039901

1. Entity Name
SLIM WORLD INTERNATIONAL LLC

Principal Place of Business	Mailing Address
1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146	1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146

07272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1172 South Dixie Highway	1172 South Dixie Highway
Suite, Apt. #, etc.: Suite # 282	Suite, Apt. #, etc.: Suite # 282
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number 20-0308337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANABRIA, HUMBERTO 1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANABRIA HUMBERTO 1172 SOUTH DIXIE HIGHWAY, SUITE 282 CORAL GABLES, FL 33146	☑ 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.

SIGNATURE: _____ 7/22/04 7862852179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #