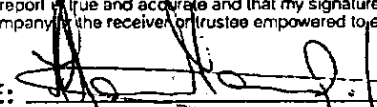


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 19 PM 12:22

W 08/19/04

DOCUMENT # L03000039901			
1. Entity Name SLIM WORLD INTERNATIONAL LLC			
Principal Place of Business 1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146		Mailing Address 1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146	
2. Principal Place of Business 1172 South Dixie Highway Suite, Apt. #, etc. Suite # 282 City & State Coral Gables, Florida Zip 33146 Country USA		3. Mailing Address 1172 South Dixie Highway Suite, Apt. #, etc. Suite # 282 City & State Coral Gables, Florida 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 ☒ Delete 1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANABRIA HUMBERTO ☒ Change ☐ Addition 1172 SOUTH DIXIE HIGHWAY, SUITE 323 CORAL GABLES, FL 33146
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07-20-2004 90055 034 ☐ Change ☐ Addition 55.00
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
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: 		7/27/04-7862852179	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	