

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90356 022 \*\*\*150.00

**DOCUMENT # L03000049469**

1. Entity Name  
**WORLD CONTINENTAL USA, LLC**



Principal Place of Business  
**5341 S.W. 96TH AVENUE  
MIAMI, FL 33165**

Mailing Address  
**5341 S.W. 96TH AVENUE  
MIAMI, FL 33165**

**60037403**



2. Principal Place of Business - No P.O. Box # **700 BRICKELL AVE** 3. Mailing Address **SAME**

Suite, Apt. #, etc.  
**STE 812**

Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami**

City & State

4. FEI Number  
**65-0827381**

Applied For  
Not Applicable

Zip **33131** Country **U.S.**

Zip Country

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

## 6. Name and Address of Current Registered Agent

**PROENZA, ANTHONY  
5341 S.W. 96TH AVENUE  
MIAMI, FL 33165**

## 7. Name and Address of New Registered Agent

Name **PROENZA, ANTHONY**  
Street Address (P.O. Box Number is Not Acceptable)  
**700 BRICKELL AVE**  
**STE 812**  
City **Miami** FL Zip Code **33131**

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

*Anthony Proenza*

**April 5, 2007**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PROENZA, ANTHONY**  
STREET ADDRESS **5341 S.W. 96TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition  
NAME **PROENZA, ANTHONY**  
STREET ADDRESS **700 BRICKELL AVE. STE 812**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Anthony Proenza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**April 8, 2007**

Date Daytime Phone #