

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011313

Entity Name: PWS AMERICAS LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

1101 BRICKELL AVENUE NORTH TOWER
SUITE 1101
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVENUE NORTH TOWER
SUITE 1001
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0721386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEOFFREY M. WAYNE, P.A.
1201 BRICKELL AVE, STE 220
MIAMI, FL 331313207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: PEREZ ALBELA, JOSE
Address: 1101 BRICKELL AVENUE NORTH TOWER
City-St-Zip: SUITE 1101 MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: SALAZAR, LUIS
Address: 1101 BRICKELL AVENUE NORTH TOWER
City-St-Zip: SUITE 1001 MIAMI, FL 33131

Title: MGMR () Change (X) Addition
Name: CORREAL, JUAN C
Address: 1101 BRICKELL AVENUE NORTH TOWER
City-St-Zip: SUITE 1101 MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE PEREZ-ALBELA

MGMR

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date