

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90059 031 *****55.00

DOCUMENT # L04000017136			
1. Entity Name AROUND THE WORLD IMPORTS, LLC			
Principal Place of Business C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145		Mailing Address C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0813367		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZEDAN, CLAUDIA 733 N.W. 12TH STREET MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZEDAN, CLAUDIA 9155 SOUTH DADELAND BLVD. SUITE 1800 MIAMI, FL 33156 ☒ 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
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	☐ Change ☐ Addition
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: <u>Claudia Zedan</u> <i>M. J. C. Zedan</i>		<u>4/19/07</u> <u>305 332 1161</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	