
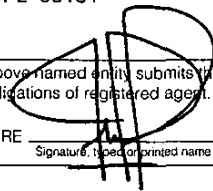
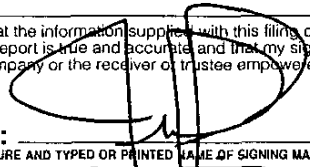


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 006 ***150.00

DOCUMENT # L04000043301 1. Entity Name WJTB SERVICES, LLC					
Principal Place of Business C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131			Mailing Address C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131		
2. Principal Place of Business 2655 Le Jeune Road #905 Suite, Apt. #, etc. Ste # 905		3. Mailing Address 2655 Le Jeune Rd Suite, Apt. #, etc. # 905			
City & State Coral Gables		City & State Coral Gables		4. FEI Number 20-1233285	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name JOSE M. MARQUINA Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road #905 City CORAL GABLES 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  (JOSE MARQUINA) DATE 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUINA, JOSE C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 Le Jeune Rd #905 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICH, ANTONIO C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARVAJAL, JOSE C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			JOSE M. MARQUINA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/28/05		Daytime Phone # 305 4481642