

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-02-2005 90017 001 ****50.00

DOCUMENT # L04000071264

1. Entity Name
THE WATER SOURCE INTERNATIONAL, LLC



Principal Place of Business
**10250 SW 56 ST
SUITE C-201
MIAMI, FL 33165**

Mailing Address
**10250 SW 56 ST
SUITE C-201
MIAMI, FL 33165**

20017150



2. Principal Place of Business

**10250 S.W. 56 STREET
Suite, Apt. #, etc.
C-201**

3. Mailing Address

**10250 S.W. 56 STREET
Suite, Apt. #, etc.
C-201**

02142005 Chg-LLC CR2E083 (10/03)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33165

Country

UNITED STATES

Zip

33165

Country

UNITED STATES

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

6. Name and Address of Current Registered Agent

**PEREZ, ALDO I
10250 SW 56 ST
SUITE C-201
MIAMI, FL, FL 33165**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **PEREZ, ALDO I**
STREET ADDRESS **10250 SW 56 ST, SUITE C-201**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME **EIROA, JUSTO M**
STREET ADDRESS **318 NORTH GANES ST.**
CITY-ST-ZIP **OAK HILL, FL 32759**

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

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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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 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:

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

2/15/2005

Date

305-595-0991

Daytime Phone #