

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90213 050 \*\*\*\*55.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 450706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA.

Zip

Country

Zip

Country

33245 UNITED STATES

4. FEI Number

56-2502265

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/2007

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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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 Section 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:

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

2/23/2007 (305) 389-0036

Date

Daytime Phone #