


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90126 016 \*\*\*138.75

<b>DOCUMENT # L04000071264</b> 1. Entity Name <b>THE WATER SOURCE INTERNATIONAL, LLC</b>	
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Principal Place of Business <b>10250 SW 56 ST <del>SUITE C-201</del> SUITE-A-201 MIAMI, FL 33165</b>	Mailing Address <b>P.O. BOX 450706 MIAMI, FL 33245</b>
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**DO NOT WRITE IN THIS SPACE**

03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>56-2502265</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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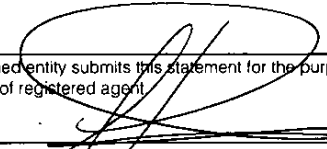
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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:  **ALDO I. Perez** **MARCH 25, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

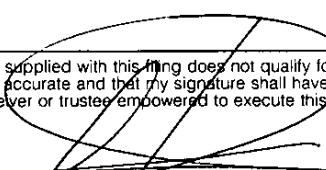
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PEREZ, ALDO I 10250 SW 56 ST. <del>SUITE C-201</del> SUITE A-201 MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EIROA, JUSTO M 318 NORTH GANES ST. OAK HILL, FL 32759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **MARCH 25, 2008 (305) 389-0036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #