
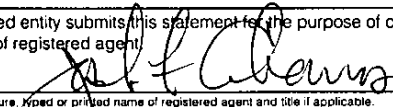
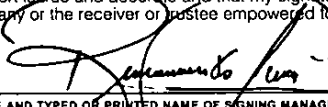


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90029 001 \*\*\*277.50

<b>DOCUMENT # L04000083399</b> 1. Entity Name <b>WORLD SERVICE LLC</b>					
Principal Place of Business <b>2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327</b>			Mailing Address <b>2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327</b>		
2. Principal Place of Business - No P.O. Box # <b>10556 NW 26 ST.</b>		3. Mailing Address <b>10556 NW 26 ST.</b>			
Suite, Apt. #, etc. <b>D 101</b>		Suite, Apt. #, etc. <b>D 101</b>			
City & State <b>Doral, FL</b>		City & State <b>Doral, FL</b>			
Zip <b>33172</b>		Country <b>US</b>		Zip <b>33172</b>	
Country <b>U.S.</b>		4. FEI Number <b>20-2233698</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARO, FRANCISCO 2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name <b>Cabanas &amp; Associates, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26 St. - Ste. C201</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33172</b>		
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  <b>Joseph F. Cabanas</b> <b>04/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINI, CLAUDIA NASSIF 2700 GLADES CIRCLE, SUITE # 145 WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NASSIF, CLAUDIA 10556 NW 26 St. - D101 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALECA, ROBERTO FERRI 2700 GLADES CIRCLE, SUITE # 145 WESTON, FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRI, ROBERTO 10556 NW 26 St. - D101 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:  <b>Roberto Ferri</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>04/28/08</b> <b>(786) 436 1612</b> <small>Date Daytime Phone #</small>		

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04292008 Chg-LLC CR2E083 (12/06)