

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000025731**

1. Entity Name  
**NEW WORLD EXCHANGE SERVICES L.L.C.**



Principal Place of Business  
**10027 SOUTHWEST 163RD AVENUE  
MIAMI, FL 33196**

Mailing Address  
**10027 SOUTHWEST 163RD AVENUE  
MIAMI, FL 33196**

**DO NOT WRITE IN THIS SPACE**



04042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BARRIOS, GUSTAVO H  
10027 SOUTHWEST 163RD AVENUE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CORNEJO, SERGIO  
10027 SOUTHWEST 163RD AVENUE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BARRIOS, GUSTAVO H  
10027 SOUTHWEST 163RD AVENUE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000724871  
05/02/07-80128-017 50.00

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

**04-18-07**