

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 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**



04012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

U000000885931  
04/19/08-80034-003 138.75

**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

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

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

**GUSTAVO H. BARRIOS MGR**

**04-01-08**

Date

**305-608-0454**

Daytime Phone #