

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90084 013 ****50.00

DOCUMENT # L05000088099					
1. Entity Name VELKOWORLD INTERNATIONAL LLC					
Principal Place of Business 15441 SW 49 ST. MIAMI, FL 33185			Mailing Address 15441 SW 49 ST. MIAMI, FL 33185		
2. Principal Place of Business 2070 NW 79 AVE Suite, Apt. #, etc. 205 City & State MIAMI, FL Zip 33122 Country USA		3. Mailing Address 15441 SW 49 ST Suite, Apt. #, etc. City & State Miami, FL Zip 33185 Country USA			
04072006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3449788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SANABRIA, YASMINA 15441 SW 49 ST. MIAMI, FL 33185	
7. Name and Address of New Registered Agent 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: <i>Yasmina Sanabria</i> 4/26/06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANABRIA, YASMINA 15441 SW 49 ST. MIAMI, FL 33185	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANABRIA, EDWIN 15441 SW 49 ST. MIAMI, FL 33185	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANABRIA, EDWIN 15441 SW 49 ST. MIAMI, FL 33185	<input type="checkbox"/> Delete			
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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: <i>Yasmina Sanabria</i> 4/26/06 305 485 8802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					