

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088833

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: A & S WORLDWIDE ENTERPRISE, LLC

**Current Principal Place of Business:**

CALLE GARCILASO, CENTRO POLO 1, TORRE A  
PISO 8, OFICINA 83  
COLINAS DE BELLO MONTE, DF 1050 A VZ

**New Principal Place of Business:**

**Current Mailing Address:**

8750 N.W. 36 STREET, SUITE 425  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 43-2089248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORP WIZ REGISTERED AGENTS, INC.  
8750 N.W. 36 STREET, SUITE 425  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARISTEGUIETA, ALBERTO  
Address: CALLE GARCILASO, CENTRO POLO 1, TORRE A  
City-St-Zip: COLINAS DE BELLO MONTE, DF 1050 A VZ

Title: MGR ( ) Delete  
Name: SULLY, ANA M  
Address: CALLE GARCILASO, CENTRO POLO 1, TORRE A  
City-St-Zip: COLINAS DE BELLO MONTE, DF 1050 A VZ

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO ARISTEGUIETA

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date