

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000100400 1. Entity Name WASI L.L.C.	
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Principal Place of Business
7389 NW 54 STREET
MIAMI, FL 33166Mailing Address
11111 BISCAYNE BLVD.
PHASE II APT 1117
MIAMI, FL 33187

04302007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
06-1758615Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELA SILLERY
11111 BISCAYNE BLVD
PHASE II APT 1117
MIAMI, FL 33181**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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROJAS, RAUL
STREET ADDRESS	590 OCEAN DR APT 7A
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000756443
05/23/07-80031-008 50.00**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

RAUL ROJAS
MGR

Date

4/30/07

Daytime Phone

305 884-8231