

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001320

Entity Name: SPW, LLC

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

16500 COLLINS AVE. SUITE 1455
SUNNY ISLES, FL 33160

New Principal Place of Business:

17201 COLLINS AVE. SUITE 3303
SUNNY ISLES, FL 33160

Current Mailing Address:

16500 COLLINS AVE. SUITE 1455
SUNNY ISLES, FL 33160

New Mailing Address:

17201 COLLINS AVE. SUITE 3303
SUNNY ISLES, FL 33160

FEI Number: 20-4054554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WISH, VALENTINA
16500 COLLINS AVE. SUITE 1455
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

WISH, VALENTINA
17201 COLLINS AVE. SUITE 3303
SUNNY ISLES, FL 33160 US

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: VALENTINA WISH

07/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WISH, VALENTINA
Address: 16500 COLLINS AVE. SUITE 1455
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISH, VALENTINA
Address: 17201 COLLINS AVE. SUITE 3303
City-St-Zip: SUNNY ISLES, FL 33160

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: VALENTINA WISH

MGRM

07/09/2007

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