

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004492

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: GLOBAL WEALTH ADVISORS, LLC

## Current Principal Place of Business:

999 PONCE DE LEON BLVD STE 715  
CORAL GABLES, FL 33134

## New Principal Place of Business:

255 ALHAMBRA CIRCLE  
#500B  
CORAL GABLES, FL 33134

## Current Mailing Address:

999 PONCE DE LEON BLVD STE 715  
CORAL GABLES, FL 33134

## New Mailing Address:

255 ALHAMBRA CIRCLE  
#500B  
CORAL GABLES, FL 33134

FEI Number: 20-4147722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS, INC.  
999 PONCE DE LEON BLVD STE 715  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE #500  
CORAL GABLES, FL 33134 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: ARAGON REGISTERED AGENTS, INC.

01/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PEREZ, UMBERTO  
Address: 999 PONCE DE LEON BLVD STE 715  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, UMBERTO  
Address: 255 ALHAMBRA CIRCLE #500B  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: UMBERTO PEREZ

MGR

01/09/2007

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