

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041780

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: W LINK INTERNATIONAL LLC

## Current Principal Place of Business:

2701 SOUTH BAYSHORE DRIVE, SUITE 402  
MIAMI, FL 33133

## New Principal Place of Business:

3363 NE 163RD STREET  
SUITE 502  
NORTH MIAMI BEACH, FL 33160 US

## Current Mailing Address:

2701 SOUTH BAYSHORE DRIVE, SUITE 402  
MIAMI, FL 33133

## New Mailing Address:

3363 NE 163RD STREET  
SUITE 502  
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-4715357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCEMAMA, ELISA  
2701 SOUTH BAYSHORE DRIVE, SUITE 402  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

MOYAL, PATRICK  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL

04/25/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCEMAMA, ELISA  
Address: 2701 SOUTH BAYSHORE DRIVE, SUITE 402  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCEMAMA, ELISA  
Address: 2701 SOUTH BAYSHORE DRIVE, SUITE 402  
City-St-Zip: MIAMI, FL 33133 US

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: ELISA SCEMAMA

MGR

04/25/2007

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