

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90369 011 \*\*\*\*50.00

<b>DOCUMENT # L06000086311</b> 1. Entity Name <b>KAR'S WORLD LLC</b>					
Principal Place of Business <b>17011 NORTH BAY ROAD BLDG.#3 SUITE 207 SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>17011 NORTH BAY ROAD BLDG.#3 SUITE 207 SUNNY ISLES BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # <b>1900 NW 33rd COURT</b>		3. Mailing Address Suite, Apt. #, etc. <b>BAY 7</b>			
City & State <b>POMPANO BEACH FL</b>		City & State Suite, Apt. #, etc. <b>BAY 7</b>		4. FEI Number <b>20-5493593</b>	
Zip <b>33064</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TACSA, NELLY M 17011 NORTH BAY ROAD BLDG.#3 SUITE 207 SUNNY ISLES BEACH, FL 33160</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>[Signature]</i> DATE <b>5/10/07</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TACSA, NELLY M 17011 NORTH BAY ROAD BLDG.#3 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 17011 NORTH BAY ROAD BLDG.#3 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 6074 MOONBEAM DR LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 6074 MOONBEAM DR LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 6074 MOONBEAM DR LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 6074 MOONBEAM DR LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARMIENTO, LUIS E 6074 MOONBEAM DR LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> DATE <b>5/10/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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