## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000089847

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

3025 GODWIN TERRACE, APT. #3F

( ) Delete

PEMBROKE PINES, FL 33018 US

FORTUNATO, EUGENIO MGR

BRONX,, NY 10463 US

13497 NW 9TH CT.

MGRM

Entity Name: M.I.T. WORLDWIDE, LLC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3418 WEST 84TH ST. 110 HIALEAH, FL 33018 **New Mailing Address: Current Mailing Address:** 3418 WEST 84TH ST. 3418 WEST 84TH ST. HIALEAH, FL, FL 33018 US HIALEAH, FL 33018 US FEI Number: 36-4615020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINARES, CARLOS M MGRM LINARES, CARLOS M MGRM 19384 NW 24TH PL 3418 WEST 84TH ST. PEMBROKE PINES, FL 33029 110 US HIALEAH, FL, FL 33018 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: 01/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LINARES, CARLOS MGR Name: Name: 19384 NW 24TH PL Address: Address: City-St-Zip: PEMBROKE PINES, FL 330295371 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: RIVERA, ANGEL MGR Name: RIVERA, ANGEL MGR Address: 7640 NW 182 TERR. Address: 4240 NW 183 ST. City-St-Zip: HIALEAH, FL 33015 US City-St-Zip: HIALEAH, FL 33055 US Title: MGRM () Delete Title: () Change () Addition RAMIREZ, ALEXIS MGR Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: CARLOS M. LINARES MGRM 01/15/2009