

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127967

FILED  
Jul 30, 2008  
Secretary of State

**Entity Name:** GLOBAL WEALTH CREATIONS LLC

**Current Principal Place of Business:**

6335 SW 139TH AVENUE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

5835 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

**Current Mailing Address:**

6335 SW 139TH AVENUE  
MIAMI, FL 33183 US

**New Mailing Address:**

5835 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

FEI Number: 26-1647049      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:**

VASQUEZ, GIOVANNY  
6335 SW 139TH AVENUE  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

VASQUEZ, GIOVANNY  
5671 NW 112 AVE  
DORAL, FL 33178 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:

07/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VASQUEZ, GIOVANNY  
Address: 6335 SW 139TH AVENUE  
City-St-Zip: MIAMI, FL 33183 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VASQUEZ, GIOVANNY  
Address: 5671 NW 112 AVE APT.112  
City-St-Zip: DORAL, FL 33178 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: GIOVANNY VASQUEZ

MR.

07/30/2008

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