

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028884

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** I.C.W.D. IRAQI CONTINENTAL WELDING & DRILLING, LLC

**Current Principal Place of Business:**

555 CRANDON BLVD - # 31  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

555 CRANDON BLVD - # 31  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 26-2229272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

LIA, ROMANO C  
8541 SW 150 TERRACE  
PALMETTO BAY, FL 33158 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: LIA C. ROMANO

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROMANO, LIA C  
Address: 555 CRANDON BLVD - # 31  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: MERRITT, PATRICE KAY  
Address: 555 CRANDON BLVD - # 31  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LIA C. ROMANO

MGR

04/27/2009

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