

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053848

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: UNITED WORLD DISTRIBUTORS, LLC

**Current Principal Place of Business:**

10900 NW 36TH AVENUE  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

10900 NW 36TH AVENUE  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

GASTESI, RAUL JR  
8105 NW 155 STREET  
MIAMI LAKES, FL 33016    US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      GIRAUD, ELLIOTT SR  
Address:                      10900 NW 36TH AVENUE  
City-St-Zip:                      MIAMI, FL 33016

Title:                      MGRM                      ( ) Delete  
Name:                      GIRAUD, MARIA  
Address:                      10900 NW 36TH AVENUE  
City-St-Zip:                      MIAMI, FL 33167

Title:                      MGRM                      ( ) Delete  
Name:                      GIRAUD, ELLIOTT JR  
Address:                      10900 NW 36TH AVENUE  
City-St-Zip:                      MIAMI, FL 33167

Title:                      MGRM                      ( ) Delete  
Name:                      GIRAUD, OMMAR  
Address:                      10900 NW 36TH AVENUE  
City-St-Zip:                      MIAMI, FL 33167

**ADDITIONS/CHANGES:**

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

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

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: ELLIOTT GIRAUD SR

MGRM

03/25/2009

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