

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90068 006 \*\*\*\*55.00

DOCUMENT # L99000002558

1. Entity Name  
WB ACQUISITION LLC



Principal Place of Business  
9330 NW 110TH AVE.  
MIAMI, FL 33178

Mailing Address  
9330 NW 110TH AVE.  
MIAMI, FL 33178

14026695



06222004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0293375

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIAZ, FAUSTO G
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	DIAZ, ROSA M
STREET ADDRESS	9330 NW 110TH AVE.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	Diaz, Remedios
STREET ADDRESS	9330 N.W. 110th ave
CITY-ST-ZIP	Miami FL 33178
TITLE	MGR
NAME	Diaz Oliver, Fausto.
STREET ADDRESS	9330 N.W. 110th ave.
CITY-ST-ZIP	Miami FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Fausto G. Diaz. 6/30/04 305.887-0797

Date

Daytime Phone #