

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

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



04202005 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000330510  
04/25/05-80161-019 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIAZ, FAUSTO G  
9330 NW 110TH AVE.  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIAZ, ROSA M  
9330 NW 110TH AVE.  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIAZ, REMEDIOS  
9330 NW 110TH AVE.  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIAZ OLIVER, FAUSTO  
9330 NW 110TH AVE.  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Fausto G. Diaz

4/21/05

305-887-0797