

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90026 029 ****50.00

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DOCUMENT # M01000000488 1. Entity Name WBTB DISTRIBUTION, LLC			
Principal Place of Business 4000 PONCE DE LEON BLVD. 8TH FLOOR CORAL GABLES, FL 33146		Mailing Address 4000 PONCE DE LEON BLVD. 8TH FLOOR CORAL GABLES, FL 33146	
2. Principal Place of Business 777 Brickell Ave.		2. Mailing Address 777 Brickell Avenue	
Suite, Apt. #, etc. 1300		Suite, Apt. #, etc. 1300	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131		Zip 33131	
Country USA		Country USA	
4. FEI Number 51-0379532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete	NAME TWE LATIN AMERICA HOLDINGS, LLC	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PRIO, MARIA ELENA
STREET ADDRESS 1100 AVENUE OF THE AMERICAS, SUITE H-831	CITY-ST-ZIP NEW YORK, NY 10038	STREET ADDRESS 777 BRICKELL AVENUE, SUITE 1300	CITY-ST-ZIP MIAMI, FL 33131
TITLE MGRM <input checked="" type="checkbox"/> Delete	NAME LATIN AMERICA WBTB HOLDINGS	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 4000 PONCE DE LEON BLVD., 8TH FLOOR	CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME RUBIO, EMILIO	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 4000 PONCE DE LEON BLVD., 8TH FLOOR	CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME COMAS, GASTON	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 4000 PONCE DE LEON BLVD., 8TH FLOOR	CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME SOLETT, ALEJANDRA	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 4000 PONCE DE LEON BLVD., 8TH FLOOR	CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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 808, Florida Statutes.			
SIGNATURE: <i>Jose Samay</i>		Date 4/19/05 Daytime Phone # 305-648-8130	