2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010195

Entity Name: BULLRICH U.S.A., LLC

Current Principal Place of Business:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

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CARLOS JORGE MAZZONI

444 BRICKELL AVE #828

ROBERTO EVARISTO LEDO

444 BRICKELL AVE #828

JOSE FERMIN AZPIROZ

444 BRICKELL AVE #828

MIAMI, FL 33131

MIAMI, FL 33131

MIAMI, FL 33131

FILED Apr 23, 2009 Secretary of State

New Principal Place of Business:

444 BRICKELL AVE #828 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 444 BRICKELL AVE #828 MIAMI, FL 33131 FEI Number: 47-0862561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDO DAMIAN MAZZONI 444 BRICKELL AVE #828 MIAMI, FL 33131 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition ZANOTTI, GRACIELA M Name: ZANOTTI, GRACIELA M Name: 275 NE 18 STREET # 1710 Address: 444 BRICKELL AVE #828 Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33131 Title: MGRM Title: MGRM (X) Change () Addition () Delete Name: FERNANDO DAMIAN MAZZONI Name: FERNANDO DAMIAN MAZZONI Address: 615 NE 22 ST #1002 Address: 444 BRICKELL AVE #828 City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33131

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.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

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SIGNATURE: FERNANDO MAZZONI RA 04/23/2009