

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010195

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

FILED  
May 02, 2010  
Secretary of State

**Current Principal Place of Business:**

444 BRICKELL AVE # 828  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVE # 828  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 47-0862561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FERNANDO DAMIAN MAZZONI  
444 BRICKELL AVE # 828  
MIAMI, FL 33131      US

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: MGR  
Name: ZANOTTI, GRACIELA M  
Address: 444 BRICKELL AVE # 828  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: FERNANDO DAMIAN MAZZONI  
Address: 444 BRICKELL AVE # 828  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: CARLOS JORGE MAZZONI  
Address: 444 BRICKELL AVE # 828  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: ROBERTO EVARISTO LEDO  
Address: 444 BRICKELL AVE # 828  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: JOSE FERMIN AZPIROZ  
Address: 444 BRICKELL AVE # 828  
City-St-Zip: MIAMI, FL 33131

I hereby 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: GRACIELA ZANOTTI

MGR

05/02/2010

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