
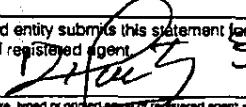
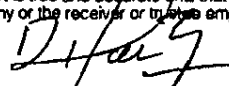


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90075 010 \*\*\*\*50.00

DOCUMENT # L03000012744			
1. Entity Name SUPER BRIX USA LLC			
Principal Place of Business 4 ALHAMBRA CIRCLE #2 CORAL GABLES, FL 33134		Mailing Address: 4 ALHAMBRA CIRCLE #2 CORAL GABLES, FL 33134	
2. Principal Place of Business 4 Alhambra Circle Suite, Apt., #, etc. 3		3. Mailing Address 4 Alhambra Circle Suite, Apt., #, etc. 3	
City & State Coral Gables FL Zip 33134		City & State Coral Gables, FL Zip 33134	
Country		Country	
4. FEJ Number 54-2109712		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 MONTOYA, GABRIEL E 4 ALHAMBRA CIRCLE #2 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <del>Montoya, Gabriel E</del> Street Address (P.O. Box Number is Not Acceptable) 4 Alhambra Circle #3 City Coral Gables FL Zip Code 33134	
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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MANAGER</del> Montoya, Gabriel E 4 Alhambra Circle #3 Coral Gables FL, 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

34008064



04262004 Chg-LLC CR2E083 (10/03)