-----2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012744

1. Entity Name
SUPER BRIX USA LLC



FILED Apr 30, 2005 08:00 AM Secretary of State

Principal Place of Business

4 ALHAMBRA CIRCLE #3 CORAL GABLES, FL 33134 Mailing Address
4 ALHAMBRA CIRCLE #3
CORAL GABLES, FL 33134

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 04272005 No Chg-LLC
 CR2E083 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTOYA, GABRIEL E 4 ALHAMBRA CIRCLE #3 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changlons of registered agent.	ging its registered o	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and a	cept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NDTE, Registered Agent signature required when reinstating)		DATE	-
Filing Fee is \$50.00 Due by May 1, 2005					÷
9.	MANAGING MEMBERS/MANAGERS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTOYA, GABRIEL E 4 ALHAMBRA CIRCLE #3 CORAL GABLES, FL 33134				
TITLE NAME STHEET ADDRESS GITY-ST-ZIP				U00000349666 05/02/05-80075-001 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			20	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			å N 1	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature sha billity company or the regeiver or trustee empowered to execute the company or the regeiver or trustee empowered to execute the company or the regeiver or trustee empowered to execute the company or the regeiver or trustee empowered to execute the company or the regeiver or trustee empowered to execute the company or the regeiver of the company of the regeiver of the regeive	alify for the exemp all have the same le ute this report as re	tion stated in Section 119.07(3) gal effect as if made under oath quired by Chapter 608, Florida	(i), Florida Statutes. I further certify that the Informs h; that I am a managing member or manager of the Statutes.	tion e

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE