

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018968

Entity Name: PROCOVAL USA, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD.
303
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

547 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

1820 N CORPORATE LAKES BLVD.
303
CORAL GABLES, FL 33326 US

FEI Number: 01-0784679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
547 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VALLECILLA, SARA
1820 N CORPORATE LAKES BLVD.
303
CORAL GABLES, FL 33326 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: SARA VALLECILLA

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VALLECILLA, LEONARDO
Address: 1820 N CORPORATE LAKES BLVD., SUITE 303
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: VALLECILLA, CARLOS
Address: 1820 N CORPORATE LAKES BLVD., SUITE 303
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: VALLECILLA, SARA
Address: 1820 N CORPORATE LAKES BLVD., SUITE 303
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARA VALLECILLA

MGR

04/21/2005

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