

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90027 030 ****50.00

DOCUMENT # L03000037343

1. Entity Name
AISE USA, LLC



Principal Place of Business
2 S. BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131

Mailing Address
2 S. BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131

20032521



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0519883

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** Delete
 NAME: **YKABARALY, YLIAS**
 STREET ADDRESS: **2 S. BISCAYNE BLVD STE 3400**
 CITY-ST-ZIP: **MIAMI, FL 33131**

TITLE: **AS** Delete
 NAME: **FURIA, ARTHUR J**
 STREET ADDRESS: **2 S. BISCAYNE BLVD STE 3400**
 CITY-ST-ZIP: **MIAMI, FL 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: **MEM**
 STREET ADDRESS: **SAPPHIRE INTERNATIONAL CONSULTANTS LTD**
2nd fl, FAIRFAX HOUSE, NO 21 MGR
PORTLAIS, MAURITIUS

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RAFFEEK SHAM
 ACIS MBA (NOTTINGHAM)

28 / 03 / 05