
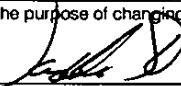
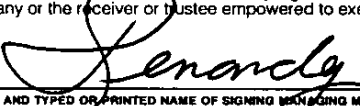


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90160 022 ****50.00

DOCUMENT # L04000040542							
1. Entity Name MUSTANG INTER USA, LC							
Principal Place of Business 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131			Mailing Address 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131				
2. Principal Place of Business 2298 N.W. 21 Terrace		3. Mailing Address 2298 N.W. 21 Terrace					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-1183786			
Zip 33142		Country USA		Applied For <input type="checkbox"/> Not Applicable			
Zip 33142		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent				
			Name Alvaro Castillo B., P.A.				
			Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200				
			City Miami		FL	Zip Code 33131	
			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  (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				10. ADDITIONS/CHANGES			
TITLE MGR	NAME ROS AGUILAR, PASCUAL	<input type="checkbox"/> Delete		TITLE MGR	NAME Pascual Ros Aguilar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP MIAMI, FL 33131				CITY-ST-ZIP Miami, FL 33142			
TITLE MGR	NAME ROS VIDAL, PASCUAL	<input type="checkbox"/> Delete		TITLE MGR	NAME Pascual Ros Vidal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP MIAMI, FL 33131				CITY-ST-ZIP Miami, FL 33142			
TITLE MGR	NAME ROS VIDAL, SANTIAGO	<input type="checkbox"/> Delete		TITLE MGR	NAME Santiago Ros Vidal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP MIAMI, FL 33131				CITY-ST-ZIP Miami, FL 33142			
TITLE MGR	NAME ROS VIDAL, SERGIO	<input type="checkbox"/> Delete		TITLE MGR	NAME Sergio Ros Vidal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP MIAMI, FL 33131				CITY-ST-ZIP Miami, FL 33142			
TITLE MGR	NAME Alfredo Hernandez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE MGR	NAME Alfredo Hernandez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2298 N.W. 21 Terrace				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP Miami, FL 33142				CITY-ST-ZIP Miami, FL 33142			
TITLE MGR	NAME Alfredo Hernandez	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE MGR	NAME Alfredo Hernandez	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2298 N.W. 21 Terrace				STREET ADDRESS 2298 N.W. 21 Terrace			
CITY-ST-ZIP Miami, FL 33142				CITY-ST-ZIP Miami, FL 33142			
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: 2/10/05		Daytime Phone #: (305) 371-5540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							