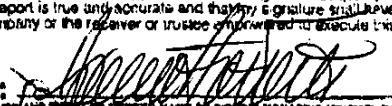


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90108 006 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                              |                                                                                  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000074858</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                              |                                                                                  |  |  |
| 1. Entity Name<br><b>CIMCORP USA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                              |                                                                                  |                                                                                   |  |
| Principal Place of Business<br><b>8215 N.W. 64TH STREET, UNIT 5<br/>MIAMI, FL 33166-2767</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                              | Mailing Address<br><b>8215 N.W. 64TH STREET, UNIT 5<br/>MIAMI, FL 33166-2767</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                              | 3. Mailing Address                                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                              | Suite, Apt. #, etc.                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                              | City & State                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                                | Zip                                                          | Country                                                                          | 4. Filing Number<br><b>20-1864707</b>                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                              |                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>FORTE, HAMILTON<br/>8215 N.W. 64TH STREET, UNIT 5<br/>MIAMI, FL 33166-2767</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                              |                                                                                  | 7. Name and Address of New Registered Agent                                       |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent Signature required when renewed.)</small>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                              |                                                                                  |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                  |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                              | 10. ADDITIONS/CHANGES                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>CIMCORP COMERCIO INT. E INFORMATICA SA<br>8215 N.W. 64TH STREET, UNIT 5<br>MIAMI, FL 331662767 <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>SALES FORTE, ANTONIO JOSE<br>8215 N.W. 64TH STREET, UNIT 5<br>MIAMI, FL 331662767 <input type="checkbox"/> Delete              |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                        |                                                              | 4/26/05 (305) 312 9923                                                           |                                                                                   |  |
| <small>SIGNATURE AND TITLE OF PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                              |                                                                                  |                                                                                   |  |