

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074856

Entity Name: CIMCORP USA LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

8215 N.W. 64TH STREET, UNIT 5
MIAMI, FL 331662767

New Principal Place of Business:

Current Mailing Address:

8215 N.W. 64TH STREET, UNIT 5
MIAMI, FL 331662767

New Mailing Address:

FEI Number: 20-1864707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTE, HAMILTON
8215 N.W. 64TH STREET, UNIT 5
MIAMI, FL 331662767 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIMCORP COMERCIO INT, . E INFORMATICA SA
Address: 8215 N.W. 64TH STREET, UNIT 5
City-St-Zip: MIAMI, FL 331662767

Title: MGRM () Delete
Name: SALES FONTE, ANTONIO JOSE
Address: 8215 N.W. 64TH STREET, UNIT 5
City-St-Zip: MIAMI, FL 331662767

ADDITIONS/CHANGES:

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 Chapter 119, 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: HAMILTON FONTE

MGRM

04/25/2006

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