

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L06000050855

Entity Name: COQUI (USA), LLC

Current Principal Place of Business:

% ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

Current Mailing Address:

% ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

New Mailing Address:

C/O ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

FEI Number: 20-5088471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ERNESTO ESQ.
% ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD.
SUITE 306
CORAL GABLES, FL 33134 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: ERNESTO SANCHEZ

04/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANTELLINI, PEDRO J
Address: 815 PONCE DE LEON BLVD., STE. 306
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MANTELLINI, NERIDA P
Address: 815 PONCE DE LEON BLVD., STE. 306
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MANTELLINI, TRIANA M
Address: 815 PONCE DE LEON BLVD., STE. 306
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: MANTELLINI-BAUDER, NERIDA V
Address: 6311 CRAB ORCHARD RD.
City-St-Zip: HOUSTON, TX 77057

Title: MGR () Delete
Name: BAUDER, SANDRA H
Address: 6311 CRAB ORCHARD RD
City-St-Zip: HOUSTON, TX 77057

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:

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: ERNESTO SANCHEZ

RA

04/14/2007

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