

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000056105

FILED
Aug 27, 2009
Secretary of State**Entity Name:** CENTRO DE INFORMACION Y ENLACES DE NEGOCIOS USA, LLC**Current Principal Place of Business:**55 WESTON RD.
STE: 208
SUNRISE, FL 33326**New Principal Place of Business:****Current Mailing Address:**55 WESTON RD.
STE: 208
SUNRISE, FL 33326**New Mailing Address:****FEI Number:** 26-0437942**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REYES, MARIA ANDREA
55 WESTON RD.
STE: 208
SUNRISE, FL 33326 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: REYES, MARIA ANDREA 85%
Address: 55 WESTON RD. STE. 209
City-St-Zip: SUNRISE, FL 33326**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: SALAZAR, SARAH MARIA 15%
Address: 55 WESTON RD. STE. 209
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: MARIA ANDREA REYES

MGRM

08/27/2009

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