2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000000310

1. Entity Name
TAXES USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 30 AM 9:00

Principal Place of Business	Mailing Address
11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178	11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178

04292008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LUIS 11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete SMITH, LUIS 11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000130897010 06/05/08--01006--018 **427.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PULEO, FRANCISCO 11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete CALDERON, LAURA 11402 N.W. 41ST STREET, SUITE 211 DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 04/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

30 CW