

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000332

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: HB USA LLC

**Current Principal Place of Business:**

1922 SW 50TH TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

422 SW 2ND TERRACE  
SUITE 211  
CAPE CORAL, FL 33991

**Current Mailing Address:**

1922 SW 50TH TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

422 SW 2ND TERRACE  
SUITE 211  
CAPE CORAL, FL 33991

FEI Number: 26-1685217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: RODRIGUEZ, PAUL  
Address: 1922 SW 50TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: FTJ PHARMACEUTICAL SERVICES, INC.  
Address: 1922 SW 50TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

**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 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: PAUL RODRIGUEZ

MR.

01/15/2009

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