2007 LIMITED LIABILITY COMPANY

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90320 027 ****50.00

ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTER

DOCUMENT # L04000071385 TSA AMERICA LLC Principal Place of Business Mailing Address 60046798 520 BRICKELL KEY DRIVE, SUITE 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-2411832 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent opposate TRANSGLOBAL CORPORTE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 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, typed or print and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition CUNILL-MARTINEZ, JOSE MARIA NAME NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-71P MGR TITLE Defete TITLE ☐ Change ☐ Addition QUEIJA, MARIANO C-M NAME STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE O-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 MGR Delete TITLE ☐ Change ☐ Addition QUEIJA, MARCELO C-M NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE O-305 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33131 Delete TITLE **Addition** TITLE Stanham, Nicolas NAME DRIVE Suite 0-305 STREET ADDRESS 520 Brickell Key STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>liami, FL. 35151</u> TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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.