2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# L05000080243

Entity Name: CEPLAST MEDICAL DEVICES, LLC

Current Principal Place of Business:

2315 NW 107TH AVE.
WAREHOUSE 1A16 BOX 133
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2315 NW 107TH AVE.
WAREHOUSE 1A16 BOX 133
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 20-3309047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: BARROS REIS, CARLOS CEZAR
Address: AV BORGES DE MEDEIROS N 3165 STE 501 LAGOA
City-St-Zip: RIO DE JANEIRO, RJ 22470001 BR

Title: MGRM ( ) Delete
Name: DE OLIVEIRA REIS, TEREZA C
Address: AV BORGES DE MEDEIROS N 3165 STE 501 LAGOA
City-St-Zip: RIO DE JANEIRO, RJ 22470001 BR

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: CARLOS REIS MGRM 07/11/2008

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