2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029262

Entity Name: LUNA CORNER PIZZA U.S.A. LLC

BASTOS, BERNARDO LESSA

1111 KANE CONCOURSE SUITE 303

BAY HARBOR ISLANDS, FL 33154

Name:

Address:

City-St-Zip:

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1111 KANE CONCOURSE SUITE 303 BAY HARBOR ISLANDS, FL 33154 **Current Mailing Address: New Mailing Address:** 1111 KANE CONCOURSE SUITE 303 BAY HARBOR ISLANDS, FL 33154 FEI Number: 26-2268759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAPIRO, IRA R 16375 NE 18TH AVENUE, SUITE 225 NORTH MIAMI BEACH, FL 33162 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WEMOON KFT, A HUNGAR, Y COMPANY Name: Name: 1111 KANE CONCOURSE SUITE 303 Address: Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AGRESTI, STEFANO Name: Address: 1111 KANE CONCOURSE SUITE 303 Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MARIA FRANCISCA BLAN, QUIER LESSA BA S TOS Name: Name: Address: 1111 KANE CONCOURSE SUITE 303 Address: City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BERNARDO LESSA-BASTOS CEO 01/07/2009