2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L04000013614

Entity Name: ROCA USA ENTERPRISES, LLC

Current Principal Place of Business:

16412 SAPPHIRE BEND
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16412 SAPPHIRE BEND
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 20-0754598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PLATA-SERRANO, MARIA D
16412 SAPPHIRE BEND
WESTON, FL 33331 US

Name and Address of New Registered Agent:

PLATA-SERRANO, MARIA D
1337 W 49TH PL
APT 216
HIALEAH, FL 33012 US

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: 04/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PLATA-SERRANO, MARIA D
Address: 16412 SAPPHIRE BEND
City-St-Zip: WESTON, FL 33331 US

Title: MGR ( ) Delete
Name: JARAMILLO-ARIAS, GUILLERMO
Address: 16412 SAPPHIRE BEND
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PLATA-SERRANO, MARIA D
Address: 1337 W 49TH PL APT 216
City-St-Zip: HIALEAH, FL 33012 US

Title: MGR (X) Change ( ) Addition
Name: DOMINGUEZ, JOSE
Address: 1337 W 49TH PL APT 216
City-St-Zip: HIALEAH, FL 33012 US

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: MARIA DEL ROSARIO PLATA MGR 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date