

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013927 1. Entity Name CISA TRADING USA LLC	
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Principal Place of Business 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166	Mailing Address 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1053827	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO ESQ.
501 BRICKELL KEY DR., SUITE 400
MIAMI, FL 33131

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUASTI, ANDREA 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOS SANTOS, CLAUDIO 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DA CUNHA NETO, JOAO RODRIGUES 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Paul Phad. 1/22/04.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #