2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013927

1. Entity Name
CISA TRADING USA LLC

Principal Place of Business	Mailing Address
8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166	8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166

01182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1053627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, EDUARDO ESQ. 501 BRICKELL KEY DR., SUITE 400 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GUASTI, ANDREA 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100000049358 04/21/06-80007-007 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DOS SANTOS, CLAUDIO 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DA CUNHA NETO, JOAO RODRIGUES 8410 NW 53RD TERRACE, SUITE 112 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: (X) _____ 3/18/06 3055947376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #