

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014497

1. Entity Name
HARAS LUISIANA USA, LLC



Principal Place of Business C/O MENDIVE & ASSOCIATES 250 CATALONIA AVE., STE. 705 CORAL GABLES, FL 33134	Mailing Address C/O MENDIVE & ASSOCIATES 250 CATALONIA AVE., STE. 705 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1138873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENDIVE & ASSOCIATES, P.A.
 250 CATALONIA AVE., STE. 705
 CORAL GABLES, FL 33134**

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

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

000000045902
 02/11/04-80080-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY S % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY ANA % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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: *Holly Ann Rincon / Holly Ann Rincon* *Feb-04-04* *305-592-4300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #