2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-31-2004 90348 019 ****50.00

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1. Entity Name
ARREDO U.S.A., L.L.C.

Principal Place of Business	Mailing Address
19621 ESTUARY DRIVE BOCA RATON, FL 33498	19621 ESTUARY DRIVE BOCA RATON, FL 33498

02162004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2900 GLADES CIRCLE	
Suite, Apt. #, etc.		Suite, ~~Apt. #, etc.~~ 850	
City & State		City & State WESTON	
Zip	Country	Zip FL	Country 33327

4. FEI Number ~~APPLIED FOR~~ 51-0479986 ☐ 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
LARRY J. BEHAR, P.A. 888 S.E. THIRD AVE., STE. #400 FORT LAUDERDALE, FL 33316	Name MARTHA BADELL Street Address (P.O. Box Number is Not Acceptable) 1914 CEDAR COURT City WESTON FL Zip Code 33327

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] MARTHA BADELL April 14, 2004
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIN, ARIO 19621 ESTUARY DRIVE BOCA RATON, FL 33498	☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] 02/29/04 954 2134055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #