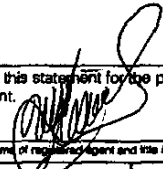
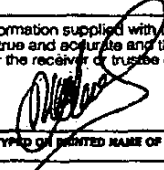


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L02000015156			
1. Entity Name ARREDO U.S.A., L.L.C.			
Principal Place of Business 19621 ESTUARY DRIVE BOCA RATON, FL 33498		Mailing Address 19621 ESTUARY DRIVE BOCA RATON, FL 33498	
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	Country
		FL	33327
4. FEI Number ARREDO U.S.A. 51-0477986		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 S.E. THIRD AVE., STE. #400 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent 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 		DATE April 14, 2004	
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, ARIQ 19621 ESTUARY DRIVE BOCA RATON, FL 33498 ☐ 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
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 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 it 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: 		Date 02/29/04 Daytime Phone # 954 2174035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	