
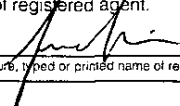



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90064 031 \*\*\*\*50.00

<b>DOCUMENT # L02000028186</b> 1. Entity Name <b>COMPAGNIA DEL MOBILE U. S. A. , L.C.</b>					
Principal Place of Business <b>4100 NE 2ND AVE #106 MIAMI FL 33137</b>			Mailing Address <b>4100 NE 2ND AVE #106 MIAMI FL 33137</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>52-2385574</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>DI MISE, FRANCISCO PABL 4100 NE 2ND AVE #106 MIAMI FL 33137</b> </div>	
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Name          Street Address (P.O. Box Number is Not Acceptable)          City <span style="float: right;"><b>FL</b></span> Zip Code       </div>				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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DI MISE, FRANCISCO PABL</b>		NAME	<b>DI MISE, FRANCISCO</b>	
STREET ADDRESS	<b>3663 S. W. 8TH STREET</b>		STREET ADDRESS	<b>4100 N.E. 2nd Ave #106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33146</b>		CITY-ST-ZIP	<b>Miami, FL 33137</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</span> <span>Date</span> <span>Daytime Phone #</span> </div>					

**24057070**



MOORE CR2E083 (11/03)