FILED May 02, 2006 8:00 am Secretary of State

4006	LIMITED LIABILITY COMPANY
•	ANNUAL REPORT
	74,411-071-11-01-1

DOCUMENT # L02000034821 1. Entity Name GRUPPO EPOCA USA, LLC						05-02-2006 9	0043 03	2 ****50.	00	
Principal Place of Business 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135		Mailing Address 3663 S.W. 8TH STREE THIRD FLOOR MIAMI, FL 33135	3663 S.W. 8TH STREET THIRD FLOOR			40 0 181 181 60				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02162006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State	City & State		4. FEI Number 20-0669975				oplied For of Applicable	
Zip	Country	Zip	Zip Countr		5 Continents of Status Desired			\$5.00 Add	ditional	
	6. Name and Address of Curre	nt Registered Agent	1		7. Name an	d Address of New R	egistered			
BIDO, JUA	AN D			Name						
	8TH STREET		Street Address			per is Not Acceptable	e) 			
MIAMI, FL										
				City			FL	Zip Cod		
	named entity submits this statement ions of registered agent	for the purpose of changing its	registere	ed office or register	red agent, or be	oth, in the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE	Signature, typest or printed runne of registered age	DYYT	OF Dormston	d Arjonture requires	d advers towart tributes		DATE		· ·	
	Sellisting the real property and	The state of the s	·	a right in anglighter before to	o with recisions of		Unii			
	iling Fee is \$50.00 ue by May 1, 2006							payable to nent of State	e	
9.		BERS/MANAGERS				ADDITIONS/CHANGES				
TITLE NAME	MGR PENA RODRIGWEZ, HIPOLIT	☐ Delete O	MAM	1				☐ Change	☐ Addition	
STREET ADDRESS	3663 S.W. 8TH STREET THIR MIAMI, FL 33135	D FLOOR		ET ADDRESS -ST-ZIP						
TITLE				£				☐ Change	Addition	
NAME STREET ADDRESS	PENA ABREU, HIPOLITO 3663 S.W. 8TH STREET THIRI	D FLOOR	NAM Stre	E ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33135			-ST-7IP						
TITLE NAME		☐ Delcte	OTLE NAM					☐ Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP		Delete	CITY	-S1-7IP				☐ Change	Addition	
NAME		Ocide	NAM	E				Onange	נים אסטונוטוו	
STREET ADDRESS CITY-ST-7/P				ET ADDRESS ST-21P						
TITLE		☐ Delete	THTLE	E				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	et address						
CITY-ST-ZIP			1	-S1 ZIP						
TITLE		☐ Oclete	TITLI NAM	,				☐ Change	Addition	
STREET ADDRESS	_	\mathcal{L}		ET ADDRESS -ST-ZIP						
11. Thereby	certify that the information supplied w	ith this filling does not qualify fo			in Chapter 119	, Florida Statutes. I fu	arther certif	y that the info	ormation	
indicated limited lia	certify that the information supplied w I on this report is true and accordate a ability company or the receiver or trus	nd that my signature shall have to empowered to execute this	the same report as	e legal effect as if r s required by Chap	made under oa oter 608, Florida	h; that I am a manaç .Statutes.	jing memb	er or manage	er of the	
SIGNAT										