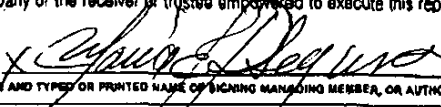


FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90107 016 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000004777		
1. Entity Name IKAFE USA, LLC		
Principal Place of Business 19360 LIBERTY ROAD BOCA RATON, FL 33434		Mailing Address 19360 LIBERTY ROAD BOCA RATON, FL 33434
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PLATIN, JAIRO 19360 LIBERTY ROAD BOCA RATON, FL 33434		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IKAFE HOLDINGS LTD. 19360 LIBERTY ROAD BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date <u>02-19-08</u> Daytime Phone #