

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000007459

1. Entity Name
M & N INVESTMENTS USA, LLC



**FILED
Jul 30, 2008 08:00 AM
Secretary of State**

Principal Place of Business
**600 CRANDON BLVD., UNIT 130
KEY BISCAWAYNE, FL 33149**

Mailing Address
**600 CRANDON BLVD., UNIT 130
KEY BISCAWAYNE, LLC, FL 33149**



07242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0701163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ-SARMIENTO, GABRIEL S CPA
15588 SW 62 ST
MIAMI, FL 33193**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESCOBAR, NICOLAS 600 CRANDON BLVD., UNIT 130 KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESCOBAR, MARIANA 600 CRANDON BLVD., UNIT 130 KEY BISCAWAYNE, FL 33149
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U00000956652
07/30/08-80001-014 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Nicolas Escobar

7/23/08
Date

(305)3185532
Daytime Phone #