

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90105 002 \*\*\*138.75

60040349



<b>DOCUMENT # L03000012936</b> 1. Entity Name <b>DOG &amp; BALL USA, LLC</b>					
Principal Place of Business <b>12801 WEST SUNRISE BLVD. SUITE 215 SUNRISE, FL 33324 US</b>			Mailing Address <b>1903 SILVERBELL TERRACE WESTON, FL 33327 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>2625 EXECUTIVE PARK DR. SUITE S WESTON FL 33331 USA</b>			
City & State Zip      Country		City & State <b>WESTON FL</b> Zip      Country <b>33331 USA</b>		4. FEI Number <b>27-0054207</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				05062008    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>SIERRA, ANA A 1903 SILVERBELL TERRACE WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PIETRI, HAROLD A 1903 SILVERBELL TERRACE WESTON, FL 33327</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2625 EXECUTIVE PARK DR. # S WESTON FL 33331</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>5/5/08 (305) 525 5271</b> <small>Date      Daytime Phone #</small>		