


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90118 015 ****50.00

DOCUMENT # L03000036886 1. Entity Name DALACITY USA, LLC					
Principal Place of Business 780 NW LEJEUNE ROAD 324 MIAMI, FL 33126			Mailing Address 780 NW LEJEUNE ROAD 324 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 10 NW Le Jeune Road Suite, Apt. #, etc. Suite 500		3. Mailing Address 10 NW Le Jeune Road Suite, Apt. #, etc. Suite 500			
City & State Miami, FL 33126		City & State Miami, FL 33126		4. FEI Number 65-0819661	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 NW LEJEUNE ROAD SUITE 324 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Esquire Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 10 NW Le Jeune Road Suite 500 City Miami FL Zip Code 33126	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ASDOURIAN, VAHE J 780 NW LEJEUNE ROAD MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Asdourian, Vahe J. 10 NW Le Jeune Road, Suite 500 Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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.					
SIGNATURE: <i>Vahe J. Asdourian</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	