

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037343

FILED  
May 01, 2008  
Secretary of State

Entity Name: AISE USA, LLC

**Current Principal Place of Business:**

2 S. BISCAYNE BLVD., STE. 3400  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

2 S. BISCAYNE BLVD., STE. 3400  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-0519883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GY CORPORATE SERVICES, INC.  
2 S. BISCAYNE BLVD., STE. 3400  
MIAMI, FL 33131      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: YKABARALY, YLIAS  
Address: 2 S. BISCAYNE BLVD STE 3400  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: SAPPHIRE INTERNATIONAL, CONSULTANTS, I NC  
Address: 2ND FAIRFAX HOUSE RD, STE 21  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YLIAS AKBARALY

MGR

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date