2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004134

1. Entily Name MTS USA LLC



FILED Jan 25, 2007 08:00 AM Secretary of State

Principal Place of Business

701 BRICKELL AVENUE

1550

MIAMI, FL 33131

Mailing Address

701 BRICKELL AVENUE

1550

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-0079463

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

RAFFERTY, WILLIAM L JR. 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131

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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 title if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

υ. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOIFER, PABLO 701 BRICKELL AVENUE # 1550 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREATINI, CARLO VIALE ARISTIDE MERLONI 45 FABRIANO, IT 60044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATTEINI, ALESSANDRO VIALE ARISTIDE MERLONI 45 FABRIANO, IT 60044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 TRAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

512-85F2E FOLSS/1

Daytme Phone #