2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000013614

FILED Apr 20, 2005 8:00 am Secretary of State

1. Entity Name ROCA USA ENTERPRISES, LLC						04-20-2005 90035 002 ****55.00						
Principal Place of Business 17120 ARVIDA PARKWAY SUITE 3-A WESTON, FL 33326 US			Mailing Address 17120 ARVIDA PARKWAY SUITE 3-A WESTON, FL 33326 US			£ 18811811 B1	• Fe ir Ben et ir ben es in	 	12 2720 (1917 2 18	1 28 + 111 488 1		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142005	Chg-LLC	CR2E08	33 (10/03)			
City & State			City & State		4. FEI Number 200	754598	3		pplied For x Applicable			
Zip	Country		Zip ~ . Count		try	Certificate of Status Desired S.00 Additional Fee Required						
	6. Name and A	Address of Current R	egistered Agent			7. Name and	Address of New Ro	egistered A	gent			
DIATA CE	DOANO MAD	IA D			Name							
16412 SAF	ERRANO, MARI PPHIRE BEND FL 33331		Street Address			P.O. Box Number is Not Acceptable)						
11251011,12 33001.							, <u>,</u>					
			·		City			FL	Zip Code			
 The above the obligat 	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.											
0,0,4,7,00	- -											
SIGNATURE	Signature, typed or printe	d name of registered agent an	d tide if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	 	DATE				
Filing Fee is \$50.00 Due by May 1, 2005						į		check pa Departme	yable to ent of State	•		
9.		MANAGING MEMBER	S/MANAGERS	10.	_		ADDITIONS/	CHANGES				
TITLE NAME STREET ADDRESS	MGR PLATA-SERRA 16412 SAPPHII	RE BEND	☐ Delete		E Et adoress				Change	☐ Addition		
CITY-ST-ZIP	WESTON, FL 33331				-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARAMILLO-AF 16412 SAPPHII WESTON, FL		☐ Delete	1	1				☐ Change	☐ Addition		
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STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS	e-1004		E - 6. 5		·		
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NAME				NAM								
STREET ADDRESS	ļ				ET ADORESS							
CITY-ST-ZIP			124		-ST-ZIP							
11. Inereby (certify that the infor	mation supplied with th	his filing does not qualify fo	r the exe	motion stated in Si	action 119.07(3)(Florida Statutes, I. 	further certif	that the in	formation i		

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: MUNICE STATE	4-14-05	9543498399
SIGNATURE AND TYPED ON PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #