



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000022786 1. Entity Name JOLI USA L.L.C.	
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Principal Place of Business 4726 SW 67 AVE APT. F3 MIAMI, FL 33183	Mailing Address 11904 MIRAMAR PKWY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE

	
04242008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-1291009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent INTERNATIONAL REGISTERED AGENTS CORP. 338 MINORCA AVENUE CORAL GABLES, FL 33134
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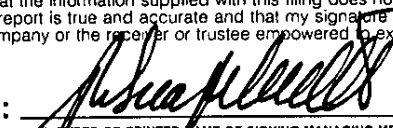
DO NOT WRITE IN THIS SPACE

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUZGA, JORGE 4726 SW 67 AVE APT. F3 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIETO, OLIVA 4726 SW 67 AVE APT. F3 MIAMI, FL 33183
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<p>U00000935780 05/23/08-80084-025 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	Date: 04/28/2008	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		