2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L04000032090

Entity Name: LA ERA NATURAL USA LLC

Current Principal Place of Business:

AV. COSTERA MIGUEL ALEMAN S/N
MALECON FISCAL - COL CENTRO
ACAPULCO -GUERRERO, MX 39300 MX

New Principal Place of Business:

Current Mailing Address:

AV. COSTERA MIGUEL ALEMAN S/N
MALECON FISCAL - COL CENTRO
ACAPULCO -GUERRERO, MX 39300 MX

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	ALVAREZ, ADRIANA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM	( ) Delete
Name:	ALVAREZ, FRANCISCO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM	( ) Delete
Name:	ALVAREZ, PABLO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM	( ) Delete
Name:	SOLIS, PEDRO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM	( ) Delete
Name:	DAMIAN, MARINA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM	( ) Delete
Name:	HANITSIZI, PAOLA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: FRANCISCO ALVAREZ MGRM 04/19/2007

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