


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90030 032 ****50.00

DOCUMENT # L04000039108	
1. Entity Name OPANANKEN USA, LLC	

Principal Place of Business 17782 HEATHER RIDGE LANE BOCA RATON, FL 33498-6422	Mailing Address 17782 HEATHER RIDGE LANE BOCA RATON, FL 33498-6422
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2. Principal Place of Business 6615 W. BOYNTON BEACH BLVD	3. Mailing Address 6615 W. BOYNTON BEACH BLVD
Suite, Apt. #, etc. SUITE 350	Suite, Apt. #, etc. SUITE 350

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL	4. FEI Number 51-0510158	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33437-3526	Country USA	Zip 33437-3526	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



04242005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent JONATHAN J. LICHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIBEIRO, BELMIRA AV. MIGUEL SABIO DE MELLO, 811, PAR. CSTLO FRANCA, SP 14403-068, BRAZIL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIBEIRO, VAINER AV. MIGUEL SABIO DE MELLO, 811, PAR. CSTLO FRANCA, SP 14403-068, BRAZIL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **BARRY J. BERKOWITZ** 4/25/05 861-241-2412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #