2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L04000043180

Entity Name: ROTAM USA LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
PH 1120
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD.
PH 1120
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-1233848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOFILL & VILAR, P.A
999 PONCE DE LEON BLVD.
PH 1120
CORAL GABLES, FL 33134 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LU, MARK	
Address:	23209 AUDREY AVENUE	
City-St-Zip:	TORRANCE, CA 90505 US	
Title:	MGR	( ) Delete
Name:	CANIZARES, ALVARO	
Address:	4060 SCANDLING CENTER	
City-St-Zip:	GENEVA, NY 14456 US	
Title:	MGR	( ) Delete
Name:	BRISTOW, JAMES	
Address:	7/F CHEUNG TAT CENTER, 18 CHEUNG LEE ST.	
City-St-Zip:	CHAI WAN, HONK KONG, HK 00000 HK	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVARO CANIZARES MGR 04/30/2005

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