

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90202 021 \*\*\*\*50.00

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|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L04000055902</b><br>1. Entity Name<br>SPETTON USA, LLC  |  |  |   |  |  |
| Principal Place of Business<br>608 NE 2ND STREET<br>UNIT 445<br>DANIA BEACH, FL 33004   |  |  | Mailing Address<br>608 NE 2ND STREET<br>UNIT 445<br>DANIA BEACH, FL 33004   |  |  |
| 2. Principal Place of Business<br>801 SW 10TH STREET  |  | 3. Mailing Address<br>801 SW 10TH STREET                     |   |  |  |
| Suite, Apt. #, etc.<br>—  |  | Suite, Apt. #, etc.<br>—                                     |   |  |  |
| City & State<br>HALLANDALE, FLORIDA   |  | City & State<br>HALLANDALE, FLORIDA                          |   | 4. FEI Number<br>20-1416225  |  |
| Zip<br>33009  |  | Country<br>USA   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>CARHUAYO, ROBERT C<br>11415 SW 133 CT<br>UNIT 1<br>MIAMI, FL 33186   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ FL Zip Code _____ |  |  |
| 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CLAUSEN, PABLO D<br>608 NE 2ND STREET, UNIT 445<br>DANIA BEACH, FL 33004 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 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. |  |  |   |  |  |
| <b>SIGNATURE:</b> _____   |  |  | 03/17/05 954.907.3055   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Day/ mo/ Year  |  |  |