

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071622

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Entity Name:** CENOAVIT USA LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1001 N. FEDERAL HIGHWAY  
329  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1001 N. FEDERAL HIGHWAY  
329  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-1708977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFANO, ALEXANDER J  
2655 LE JEUNE ROAD, SUITE 403  
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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PENA, RITA  
Address: 2655 LE JEUNE ROAD, SUITE 403  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALFANO, ALEXANDER  
Address: 2655 LE JEUNE ROAD, SUITE 403  
City-St-Zip: CORAL GABLES, FL 33134

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: ALEXANDER ALFANO

MGR

02/16/2006

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