

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083229

FILED
Mar 06, 2009
Secretary of State

Entity Name: U.S.M.B.A., LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1896830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF S. FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
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: ANFORA DE LA FORTUNA, TRADING CORP.
Address: CALLE 104, NO.22-61
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGRM () Delete
Name: SALAZAR, GERMAN
Address: CALLE 104, NO.22-61
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGRM () Delete
Name: DIAZ GRANADOS, JUAN M
Address: CALLE 104, NO.22-61
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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 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: GERMAN SALAZAR

MGRM

03/06/2009

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