

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90430 004 ****50.00

DOCUMENT # L04000088346

1. Entity Name
THE JUGATA U.S.A. GROUP, L.L.C



Principal Place of Business
19494 SW 60 COURT
PEMBROKE PINES, FL 33332 US

Mailing Address
19494 SW 60 COURT
PEMBROKE PINES, FL 33332 US

20011173



2. Principal Place of Business
522 WESTREE LANE

3. Mailing Address
522 WESTREE LANE

02072006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.
City & State
PLANTATION, FL

Suite, Apt. #, etc.
City & State
PLANTATION, FL

4. FEI Number **20-1985537** Applied For
Not Applicable

Zip **33324** Country
Zip **33324** Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
WESTON, FL 33326

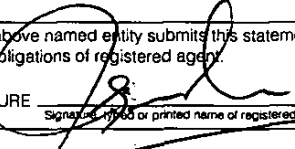
7. Name and Address of New Registered Agent

Name
JIMENEZ, GABRIEL

Street Address (P.O. Box Number is Not Acceptable)
522 WESTREE LANE

City
PLANTATION **FL** Zip Code
33325

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 **2/7/06**

Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ONOFRE DE JIMENEZ, JEANNETTE M
19494 SW 60 COURT
PEMBROKE PINES, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
JIMENEZ ECHEVERRI, GABRIEL
19494 SW 60 COURT
PEMBROKE PINES, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
JIMENEZ ONOFRE, JUANITA
19494 SW 60 COURT
PEMBROKE PINES, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
JIMENEZ ONOFRE, CATALINA
19494 S.W. 60 COURT
PEMBROKE PINES, FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

522 WESTREE LANE
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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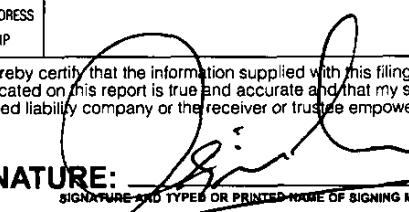
☐ Change ☒ Addition

MGR
JIMENEZ ONOFRE, GABRIEL
522 WESTREE LANE
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GABRIEL JIMENEZ**
MGRM **2/7/06 (954) 486-6608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #