2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000088346

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

Principal Place of Business	Mailing Address
522 WESTREE LANE PLANTATION, FL 33324 US	522 WESTREE LANE PLANTATION, FL 33324 US

02032007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

JIMENEZ, GABRIEL
522 WESTREE LANE
PLANTATION, FL 33325

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ONOFRE DE JIMENEZ, JEANNETTE M
STREET ADDRESS	52WESTREE LANE
CITY-ST-ZIP	PLANTAION, FL 33325
TITLE	MGRM
NAME	JIMENEZ ECHEVERRI, GABRIEL
STREET ADDRESS	522 WESTREE LANE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	MGR
NAME	JIMENEZ ONOFRE, JUANITA
STREET ADDRESS	522 WESTREE LANE
CITY-ST-ZIP	PLANTAION, FL 33325
TITLE	MGR
NAME	JIMENEZ ONOFRE, CATALINA
STREET ADDRESS	522 WESTREE LANE
CITY-ST-ZIP	PLANTAION, FL 33325
TITLE	MGR
NAME	JIMENEZ ONOFRE, GABRIEL
STREET ADDRESS	522 WESTREE LANR
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-80066-010 50.00

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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. 2/9/07 305-804-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #