Feb.24. 2006 8:14PM

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90268 017 ****50.00

DOCUMENT # L05000003962

1. Entity Name
MATARA USA INVESTMENT & MANAGEMENT LLC

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180	20801 BISCAYNE BLVD. SUITE 403 AVENTURA, FL 33180

02212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1900 Glades Road		1900 Glades Road	
Suite, Apt. #, etc. Suite #207		Suite, Apt. #, etc. Suite #207	
City & State Boca Raton		City & State Boca Raton	
Zip 33431	Country USA	Zip 33431	Country USA

4. FEI Number 20-2156002 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAKED, ANAT ESQ.
20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Ariel Shapira
Street Address (P.O. Box Number is Not Acceptable) 1900 Glades Road Suite 207
City Boca Raton FL Zip Code 33431

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAPIRA, ARIEL 20801 BISCAYNE BLVD. AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900 Glades Road #207 Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [signature] ARIEL SHAPIRA 03/14/06 561-338-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #