2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016240

Name:

Address:

City-St-Zip:

1410 E. LOUISE AVE. PO BOX 101201

TAMPA/DOVER, FL 33527

Entity Name: USABRAS TRADING, LLC

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1212 E 33RD AVENUE 1212 E 33RD AVENUE BOX 152551 TAMPA, FL 33603 TAMPA, FL 33684 US **Current Mailing Address: New Mailing Address:** 1212 E 33RD AVENUE BOX 152551 PO BOX 152551 US TAMPA, FL 33684 US TAMPA, FL 33684 FEI Number: 20-0806339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAUL GONZALEZ MULATTIERI 1212 33RD AVENUE TAMPA, FL 33603 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GERALDES, RICARDO S Name: Name: Address: 1212 33RD AVE. PO BOX 152551 Address: City-St-Zip: TAMPA, FL 33684 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PENAGOS MEJIA, MERY Name: Address: 1212 E 33D AVE. PO BOX 152551 Address: City-St-Zip: TAMPA, FL 33684 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GONZALEZ JARAMILLO, LUIS Name: Name: 2701 RIOGRANDE DR. 202 Address: Address: City-St-Zip: **TAMPA, FL 33618 US** City-St-Zip: Title: MGR () Delete Title: () Change () Addition OCAMPO, ALEJANDRO

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO GERALDES **MGRM** 02/16/2009