


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90053 041 \*\*\*143.75

<b>DOCUMENT # L05000054872</b>			
1. Entity Name <b>PUBLIPLAS USA, LLC</b>			
Principal Place of Business <b>1515 MERCADO AVE CORAL GABLES, FL 33146</b>		Mailing Address <b>1515 MERCADO AVE CORAL GABLES, FL 33146</b>	
2. Principal Place of Business - No P.O. Box # <b>6262 Bird Road</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Suite 2K</b>		Suite, Apt. #, etc. <b>"</b>	
City & State <b>Miami, FL</b>		City & State <b>" "</b>	
Zip <b>33155</b>	Country <b>U.S.</b>	Zip <b>"</b>	Country <b>"</b>
6. Name and Address of Current Registered Agent <b>ARVELO, MARIANO 1515 MERCADO AVE CORAL GABLES, FL 33146</b>		7. Name and Address of New Registered Agent Name <b>MARIANO Arvelo</b> Street Address (P.O. Box Number is Not Acceptable) <b>6262 Bird Road</b> City <b>Miami</b> FL Zip Code <b>33155</b>	
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 <u><i>Mariano Arvelo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><b>Jan 29, 08</b></u>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARVELO, MARIANO 1515 MERCADO AVE CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Mariano Arvelo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <u><b>Jan 29, 08</b></u> DAYTIME PHONE: <u><b>305-668-6263</b></u>	

00000434



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

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