

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057708

Entity Name: BRAIN TRAINER USA LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

9417 SW 77 COURT
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9417 SW 77 COURT
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-3146571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAKOFF, STEPHEN
9417 SW 77 COURT
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: CHAKOFF, STEPHEN
Address: 9417 SW 77 COURT
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: COHEN, LARRY
Address: 3800 S OCEAN DR APT 606
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: ASHIDA, IKU
Address: 9417 SW 77 COURT
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: KILSHOTK, TAMMY
Address: 20941 NE 37 COURT
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: HELFMAN, MAX TRUSTEE
Address: 17201 NE 13TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LARRY COHEN

MGRM

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date