

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103630

Entity Name: OLA USA, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3793826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HATTON, DAVID
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 US

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: MGRM () Delete
Name: HATTON, DAVID
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: TEKCOM DOMINICANA, S. .A.
Address: CALLE DEL SOL #34A
City-St-Zip: SANTIAGO, DR 51000 DR

Title: MGRM () Delete
Name: BIERBERACH, CARLOS
Address: 8940 S.W. 155 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: MGRM () Delete
Name: SARATOGA INTERNATIONAL, AL INVESTMENTS , LLC
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: MELGEN, DAVID E
Address: AVE. 27 DE FEBRERO #481, SUITE 205
City-St-Zip: SANTO DOMINGO, DR 10100 DR

Title: MGRM () Delete
Name: CUELLAR, MIGUEL
Address: 6103 NW 114 PLACE #263
City-St-Zip: DORAL, FL 33178 US

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
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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: DAVID L HATTON

MGRM

05/01/2006

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