

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000111407

1. Entity Name
 CV INVESTMENTS USA, LLC.



Principal Place of Business
 8200 NW 52ND TER., SUITE 104
 DORAL, FL 33166

Mailing Address
 8200 NW 52ND TER., SUITE 104
 DORAL, FL 33166



01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3812322	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH STREET, SUITE C201
 DORAL, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

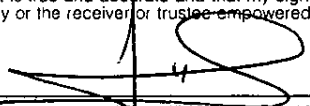
U00000776710
 01/09/08-80035-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, GUILLERMO J 8200 NW 52ND TER., SUITE 104 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, MARGGI K 8200 NW 52ND TER., SUITE 104 DORAL, FL 33166
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DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-04-08 305-297-1166
 Date Daytime Phone #