

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019037

FILED
Apr 24, 2007
Secretary of State

Entity Name: MUDE USA, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DR. SUITE 802
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR. SUITE 802
MIAMI, FL 33126

New Mailing Address:

3225 AVIATION AVENUE
500
MIAMI, FL 33133

FEI Number: 20-4439910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: SCARPELLI, LUIZ
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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: HARVEY MUSKAT

CPA

04/24/2007

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