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Jul 13, 2007 8:00 am
Secretary of State

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06-04-2007 90452 014 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30011694

DOCUMENT # L06000019037

1. Entity Name
MUDE USA, LLC

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DR. SUITE 802 MIAMI, FL 33126	5201 BLUE LAGOON DR. SUITE 802 MIAMI, FL 33126

04172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5201 Blue Lagoon Dr.	5201 Blue Lagoon Dr.
Suite, Apt. #, etc. 935	Suite, Apt. #, etc. 935
City & State: Miami, FL	City & State: Miami, FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 20-4439910 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCARPELLI, LUIZ 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sampaio, Moacyr A. 5201 Blue Lagoon Dr. Ste. 935 Miami, FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pernomian, Jose 5201 Blue Lagoon Dr. STe. 935 Miami, FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Jose PERNOMIAN April 23st, 2007 305 629-3256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #