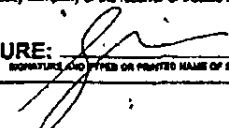


FILED
Jul 13, 2007 8:00 am
Secretary of State

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

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000019037			
1. Entity Name MUDE USA, LLC			
Principal Place of Business 5201 BLUE LAGOON DR. SUITE 802 MIAMI, FL 33126		Mailing Address 5201 BLUE LAGOON DR. SUITE 802 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 5201 Blue Lagoon Dr.		3. Mailing Address 5201 Blue Lagoon Dr.	
Subs. Apt. #, etc. 935		Subs. Apt. #, etc. 935	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country USA	Zip 33126	Country USA
4. Filing Fee 26-4439910		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and state of registration. (If DTD Registered Agent signature required when submitting)			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition	
MGR SCARPELLI, LUNZ 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146		MGR Sampaio, Moacyr A. 5201 Blue Lagoon Dr. Ste. 935 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition	
		MGR Parnomian, Jose 5201 Blue Lagoon Dr. Ste. 935 Miami, FL 33126	
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:  Jose PARNOMIAN		305 629-3256	
Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative		Date	