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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30011707

05212007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000042606

1. Entity Name
CDD GLOBAL LLC

Principal Place of Business	Mailing Address
2529 ROYAL PALM WAY WESTON, FL 33327	2529 ROYAL PALM WAY WESTON, FL 33327

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		5975 Sunset Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 504	
City & State		City & State Miami, Florida	
Zip	Country	Zip 33143	Country USA

4. FEI Number: 20-4753712 ☐ 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
SAAVEDRA, JOSE A 5975 SUNSET DRIVE SUITE 504 MIAMI, FL 33143	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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSPITALIZATION CLINICO, C.A. 5975 SUNSET DRIVE, SUITE 504 MIAMI, FL 33143	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hospitalizacion Clinico, C.A. ~~5975 Sunset Drive, # 504~~ ~~Miami, Florida 33143~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ Manager ~~Medical Depot, S.A.~~ 5975 Sunset Drive, # 504 Miami, Florida 33143	☐ 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] 6/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #