


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90061 005 ****55.00

DOCUMENT # L06000055463

1. Entity Name
ARDILES COMPANY USA, LLC.



Principal Place of Business 1001 W CYPRESS CREEK RD 401 FORT LAUDERDALE, FL 33303 US	Mailing Address 1001 W CYPRESS CREEK RD 401 FORT LAUDERDALE, FL 33303 US
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2. Principal Place of Business - No P.O. Box # 1001 W CYPRESS CREEK RD	3. Mailing Address 1001 W CYPRESS CREEK RD
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103

07052007 Chg-LLC CR2E083 (12/06)

City & State FORT LAUDERDALE, FLORIDA	City & State FORT LAUDERDALE, FLORIDA	4. FEI Number 20-4969944	Applied For <input type="checkbox"/> Not Applicable
Zip 33309	Country USA	Zip 33309	Country USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSONE, ELIANI
 61 NW 47 STREET
 FORT LAUDERDALE, FL 33309**

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 _____ (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
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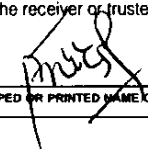
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARDILES, CESAR G 1001 W CYPRESS CREEK RD UNIT #401 FORT LAUDERDALE, FL 33303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDILES, CARLOS 1001 W CYPRESS CREEK RD UNIT #401 FORT LAUDERDALE, FL 33303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDILES, ALEJANDRO 1001 W CYPRESS CREEK RD, UNIT #401 FORT LAUDERDALE, FL 33303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDILES, TEOFILO 1001 W CYPRESS CREEK, RD UNIT #401 FORT LAUDERDALE, FL 33303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDILES, DAVID 1001 W CYPRESS CREEK RD UNIT #401 FORT LAUDERDALE, FL 33303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **07/05/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #