## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 21, 2007 8:00 am Secretary of State

DOCUMENT # L06000075492  1. Entity Name WATERMAKERS USA LLC.						03-21-200	901 <i>6</i> 0	009 ***1	58.75
Principal Place of Business 3350 N.W. 21 STREET MIAMI, FL 33142		Mailing Address 3350 N.W. 21 STREET MIAMI, FL 33142							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022007	Chg-LLC	CR2E0	083 (12/06)	
City & State		City & State			4. FEI Numb	55037	25		olied For Applicable
Zip	Country	Zip	Count	ry		of Status Desired		\$5.00 Addi Fee Required	tional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BARTHE & LEIGH LLP 2455 E. SUNRISE BOULEVARD				Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 602 FORT LAU	DERDALE, FL 33304								
				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 May 1, 2007							•	payable to nent of State	,
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS,	/CHANGES	 S	
TITLE	MGR	R Delete III		İ				Change	☐ Addilion
NAME	MABRU, ALAIN		NAMI						
STREET ADDRESS CITY-S1-ZIP	3350 N.W. 21 STREET MIAMI, FL 33142			ET ADDRESS - ST- ZIP					
TITLE	MGR	☐ Delete Title						☐ Change	☐ Addition
NAME CTOCCT ADODECC	GOMEZ, RAFAEL 3350 N.W. 21 STREET		NAM	ET ADDRESS					ļ
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33142			- ST-ZIP					Í
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	ARAYA, PATRICIO		NAM	I .					_
STREET AODRESS	3350 N.W. 21 STREET			ET ADDRESS					ļ
CITY-SI-ZIP	MIAMI, FL 33142		+	-ST-ZIP					- Address
TITLE NAME		Delete	TITLE					☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TELLE		☐ Delete	TITL					Change	Addition
NAME PARSET ADOPESS			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITU	.		-		☐ Change	Addition
NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS   -St-zip					
41 Lharabi	I	h this filing does not qualify fo	r the ave	motions contained	d in Chapter 119	3, Florida Statutes. I f	urther certi	ify that the info	rmation
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 he 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

3/1/20

306 633 0330

Daytime Phone