2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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SIGNATURE

Secretary of State **DOCUMENT #L06000081238** 05-07-2007 90380 028 ****55.00 1. Entity Name CDC-USA, LLC KUU4340J Principal Place of Business Mailing Address 800 BRICKELL AVE, SUITE #1100 800 BRICKELL AVE, SUITE #1100 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 Cha-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 03-0601959 Not Applicable 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANJUANBENITO, JOSE JAVIER GRENEWALD, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE, SUITE #1100 MIAMI, FL 33131 800 BRICKELL AVENUE, SUITE # 1100 City MIAMI 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 above named a the obligations of JOSE JAVIER SANJUANBENITO 05/04/2007 SIGNATURE: (NOTE: Registered Agent signature required when reinstating) of registered a -Lapplicable Make check payable to Filing Fee is \$50.00 to by September 14, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ■ Addition TITLE Delete TITLE SANJUANBENITO, JOSE J NAME NAME 110 1ST SAN MARIONA TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Detete ☐ Change Addition MGRM TITLE TITLE JACKSON, ESTHER NAME NAME STREET ADDRESS STREET ADDRESS 800 BRICKELL AVE, SUITE #1100 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP doed not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information grature shall have the same legal effect as if made under oath; that I am a managing member or manager of the red to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sup indicated on this report is true and accilimited liability company or the receive limited liability cer

TO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOSE JAVIER SANJUANBENITO 5/04/2007 (305) 300-2577

Daytime Phone #

FILED

May 07, 2007 8:00 am

ATTACHMENT

May 4, 2007

60049469

Florida Department of State Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

Subject: CDC-USA, LLC

Document No. L06000081238

Dear Sir or Madam:

We want to inform you that we did not receive The 2007 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 300-2577 We will be waiting for your prompt and positive response.

Cordially

Jose Javiet Sanjuanbenito

President