

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086764

Entity Name: KEYTON USA, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

5901 SW 74 STREET
200
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5901 SW 74 STREET
200
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 20-5489780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOS GLOBAL GROUP, INC.
1111 BRICKELL AVENUE
1100
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CANTO, ENRIQUE MR.
Address: 5901 SW 74 STREET, SUITE 200
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: MGRM () Delete
Name: CANTO, JOSE MARIA MR.
Address: 5901 SW 74 STREET, SUITE 200
City-St-Zip: SOUTH MIAMI, 33 33143 US

Title: MGRM () Delete
Name: CANTO, MARIA DOLORES MS.
Address: 5901 SW 74 STREET. SUITE 200
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ENRIQUE CANTO

MGR

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date