

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086764

Entity Name: KEYTON USA, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

5901 SW 74 STREET
200
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

5901 SW 74 STREET
200
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

3191 CORAL WAY
619
MIAMI, FL 33145 US

New Mailing Address:

P.O. BOX 560668
MIAMI, FL 33256 US

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: EUROKEYTON, S.A.,
Address: 5901 SW 74 STREET, SUITE 200
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CANTO, ENRIQUE MR.
Address: 3191 CORAL WAY, SUITE #619
City-St-Zip: MIAMI, FL 33145 US

Title: MGRM (X) Change () Addition
Name: EUROKEYTON, S.A.,
Address: 3191 CORAL WAY, SUITE #619
City-St-Zip: MIAMI, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify 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: ARMANDO M. MARTINEZ

RA

03/05/2009

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