

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043525

Entity Name: SEVEN CORNER USA, LLC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

2637 EAST ATLANTIC BLVD #287
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2637 EAST ATLANTIC BLVD #287
POMPANO BEACH, FL 33062

New Mailing Address:

SZARHEGY UTCA 10
BUDAPEST, HUNGARY, HU 1173

FEI Number: 22-3963253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145 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: GYORGY, RASS C
Address: 2637 EAST ATLANTIC BLVD #287
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: GYORGYNE, RASS C
Address: 2637 EAST ATLANTIC BLVD #287
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: NOVAK, ATTILA
Address: 2637 EAST ATLANTIC BLVD #287
City-St-Zip: POMPANO BEACH, FL 33062

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 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: CSABA RASS

MGR

04/15/2009

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