2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L07000044973

Entity Name: COSMOS USA INTERNATIONAL LLC.

Current Principal Place of Business:

520 WETHERBY LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

520 WETHERBY LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-8879913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINZON, JORGE A
520 WETHERBY LANE
ST. AUGUSTINE, FL 32092 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: PINZON, JORGE A
Address: 520 WETHERBY LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR ( ) Delete
Name: SARMIENTO, ROBERTO
Address: 2003 NORTHWEST 178 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: SANTIESTEBAN, JACQUELINE
Address: 10275 OLD SAINT AUGUSTINE RD #1102
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: PINZON, MARIA F
Address: 520 WETHERBY LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: JORGE A PINZON MGR 01/13/2009

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