

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90140 005 ***138.75

DOCUMENT # L07000061137					
1. Entity Name CMS TRADING USA, LLC					
Principal Place of Business 1110 BRICKELL AVENUE, STE. 310 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVENUE, STE. 310 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 11318 NW 44 terrace		3. Mailing Address Same as #2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral		City & State		4. FEI Number 26-6363211	
Zip FL		Country 33178		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NS CORPORATE SERVICES INC. 1110 BRICKELL AVENUE, STE. 310 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Angel Urdaneta Street Address (P.O. Box Number is Not Acceptable): 11318 NW 44 terrace City: Doral FL Zip Code: 33178		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:				DATE: 02/06/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URDANETA, ANGEL 1110 BRICKELL AVENUE, STE. 310 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11318 NW 44 terrace Doral FL 33178
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				DATE: 02/06/08	
Signature and typed or printed name of signing managing member, manager, or authorized representative				Daytime Phone #	