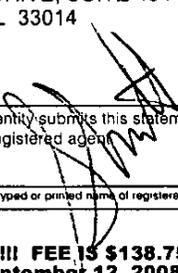
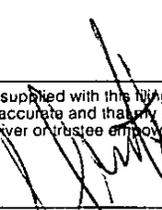


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 SEP 23 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000081661					
1. Entity Name VON FACH - USA LLC					
Principal Place of Business 14748 SW 56 ST. #211 MIAMI, FL 33185			Mailing Address 14748 SW 56 ST. #211 MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GRASSO, EUGENIO 7485 FAIRWAY DRIVE, SUITE 404 MIAMI LAKES, FL 33014		Name SERGIO MONTT Street Address (P.O. Box Number is Not Acceptable) 7485 FAIRWAY DRIVE, SUITE 404 MIAMI LAKES City MIAMI FL 33014			
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 		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 09-10-2008	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRASSO, EUGENIO	NAME	300136465153		
STREET ADDRESS	7485 FAIRWAY DRIVE, SUITE 404	STREET ADDRESS	09/30/08--01008--014 **150.00		
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTT, SERGIO	NAME			
STREET ADDRESS	7485 FAIRWAY DRIVE, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 09-10-2008		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



09082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0692517** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required