


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 035 ***138.75

| | |
|---|---|
| DOCUMENT # L07000093032 |  |
| 1. Entity Name CONCRECEL USA, LLC | |

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| Principal Place of Business 6751 N. FEDERAL HWY. BOCA RATON, FL 33487 US | Mailing Address 6751 N. FEDERAL HWY. BOCA RATON, FL 33487 US |
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|--|---------|---------------------|---------|
| 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 |

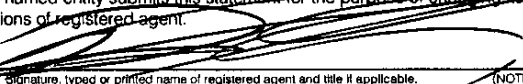
01222008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 06-1825243 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GEMBALA, HENRY 6751 N. FEDERAL HWY. BOCA RATON, FL 33487 | |
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|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name David Gembala | |
| Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Highway Suite 302 | |
| City Boca Raton | FL Zip Code 33487 |

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| 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 4/16/08 |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GEMBALA, HENRY 6751 N. FEDERAL HWY. BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR David Gembala 6751 N. Federal Hwy. Suite 302 Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 4/16/08 Daytime Phone # 561.981.0101 |