# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 10, 2008 8:00 am**
**Secretary of State**
02-06-2008 90122 050 ***138.75

DOCUMENT # L07000105384

1. Entity Name
J.P.D. USA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 13570 N.W. 107 AVE., STE. B<br>HIALEAH GARDENS, FL 33018 | 13570 N.W. 107 AVE., STE. B<br>HIALEAH GARDENS, FL 33018 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 13570 NW 107 AVE. | 13570 NW 107 AVE. |
| Suite, Apt. #, etc.: B-2 | Suite, Apt. #, etc.: B-2 |
| City & State: HIALEAH GARDENS, FL | City & State: HIALEAH GARDENS, FL |
| Zip: 33018 Country: USA | Zip: 33018 Country: USA |

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NOVO, JUAN C<br>2871 S.W. 143 PLACE<br>MIAMI, FL 33165 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NOVO, JUAN C<br>2871 S.W. 143 PLACE<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GARCIA, JOSE<br>2871 S.W. 143 PLACE<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>JIMENEZ, DOMINGO<br>2871 S.W. 143 PLACE<br>MIAMI, FL 33175 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 02/04/08 305.214.7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #