

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120631

Entity Name: OFIMARKET USA, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

4815 NW 79 AVENUE
SUITE # 11
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

4815 NW 79 AVENUE
SUITE # 11
DORAL, FL 33166 US

New Mailing Address:

9130 S. DADELAND BLVD.
SUITE 1209
DORAL, FL 33166 US

FEI Number: 26-2663178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CANZONERI, SAVERIO F
4815 NW 79 AVENUE
SUITE # 11
DORAL, FL 33166 US

Name and Address of New Registered Agent:

GALLEGOS, MARK S ESQ.
9130 S. DADELAND BLVD.
SUITE # 1209
DORAL, FL 33166 US

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: MARK S. GALLEGOS

07/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CANZONERI, SAVERIO F
Address: 4815 NW 79 AVENUE, #11
City-St-Zip: DORAL, FL 33166 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: ANA CARINA, DIAZ
Address: 4815 NW 79 AVENUE #11
City-St-Zip: DORAL, FL 33166

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: ANA CARINA DIAZ

MGRM

07/23/2008

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