

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123169

Entity Name: LOPEZ INVESTMENTS USA LLC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

13820 SW 112TH ST
103
MIAMI, FL 33186

New Principal Place of Business:

1165 SW 141ST AVE
MIAMI, FL 33184

Current Mailing Address:

13820 SW 112TH ST
103
MIAMI, FL 33186

New Mailing Address:

1165 SW 141ST AVE
MIAMI, FL 33184

FEI Number: 26-1564505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, LUIS E SR
13820 SW 112TH ST
103
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

LOPEZ, LUIS E SR
1165 SW 141ST AVE
MIAMI, FL 33184 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: LUIS LOPEZ

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYALA, JESSICA
Address: 13820 SW 112TH ST #103
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: LOPEZ, LUIS E
Address: 13820 SW 112TH ST #103
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AYALA, JESSICA
Address: 1165 SW 141ST AVE
City-St-Zip: MIAMI, FL 33184

Title: MGRM (X) Change () Addition
Name: LOPEZ, LUIS E
Address: 1165 SW 141ST AVE
City-St-Zip: MIAMI, FL 33184

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: LUIS LOPEZ

MGRM

01/15/2009

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