2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L08000047660

Entity Name: AREAS USA DCA, LLC

Current Principal Place of Business:

5301 BLUE LAGOON DRIVE, SUITE 690
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5301 BLUE LAGOON DRIVE, SUITE 690
MIAMI, FL 33126

New Mailing Address:

FEI Number: 26-2635814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AREAS USA, INC.,	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	RABELL, XAVIER	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	
Title:	CEO	( ) Delete
Name:	RABELL, XAVIER	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	
Title:	VP	( ) Delete
Name:	URIBE, EDUARDO	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	
Title:	VP	( ) Delete
Name:	BALLI, FRANCESCO	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	
Title:	VP	( ) Delete
Name:	TAITT, MARK	
Address:	5301 BLUE LAGOON DRIVE, SUITE 690	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES:

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

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: XAVIER RABELL CEO 01/08/2009

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