

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057613

FILED
Jun 04, 2009
Secretary of State

Entity Name: HDG&M USA LLC

Current Principal Place of Business:

1000 S. ANDREWS AVENUE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1000 S. ANDREWS AVENUE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 26-2787397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MULVANY, WILLIE
1060 SW 46TH STREET
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

BW&T BUSINESS ADVISERS INC
9050 PINES BOULEVARD
SUITE 450
PEMBROKE PINES, FL 33024 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: NAYARIT BRICENO

06/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIDALGO, HECTOR
Address: 1000 S. ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Delete
Name: DI GIANNATALE, TITO
Address: 1000 S. ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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: HIDALGO HECTOR

MGRM

06/04/2009

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