2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084448

Entity Name: SAY TRADING USA LLC

RUA DR. EDUARDO MARTINELLI 97

SAO PAULO,

Address: City-St-Zip: FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16053 SW 63 TERRACE MIAMI, FL 33193 **Current Mailing Address: New Mailing Address:** 16053 SW 63 TERRACE MIAMI, FL 33193 FEI Number: 26-3333432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALENTIN, PEDRO J VALENTIN, PEDRO J 13100 SW92 AVE 13100 SW 92 AVE MIAMI, FL 33193 US MIAMI, FL 33193 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: PEDRO J VALENTIN 03/14/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete YAMASHITA, ENAILDES D Name: Name: Address: 16053 SW 63 TERRACE Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: DA SILVA, PAULO C Name: Address: 16053 SW 63 TERRACE Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DIAS ALVES, ENILDES Name: Name: Address: 6801 SW 88 STREET #41 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: COIMBRA, EDMAN F Name: RUA DR. EDUARDO MARTINELLI 97 Address: Address: City-St-Zip: SAO PAULO, City-St-Zip: Title: Title: MGRM () Delete () Change () Addition DIAS AMORIM, EVANEIDE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ENAILDES D YAMASHITA MGR 03/14/2009