

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088581

FILED
Feb 02, 2009
Secretary of State

Entity Name: INTERNATIONAL POWER USA LLC

Current Principal Place of Business:

2655 COLLINS AVENUE
SUITE 703
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2655 COLLINS AVENUE
SUITE 703
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 26-3372906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARVIN, JANETTE
2655 COLLINS AVENUE
SUITE 703
MIAMI BEACH, FL 33140 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: MGR () Delete
Name: CHAIN, CARLOS MGR
Address: 2655 COLLINS AVENUE SUITE 703
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: MARVIN, JANETTE MGRM
Address: 2655 COLLINS AVENUE SUITE 703
City-St-Zip: MIAMI BEACH, FL 33140

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: CHAHIN, CARLOS A MGRM
Address: 2655 COLLINS AVENUE SUITE 703
City-St-Zip: MIAMI BEACH, FL 33140

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: CARLOS CHAIN

MGR

02/02/2009

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