2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096495

Entity Name: MAKRO POINT USA, LLC

1820 N CORP LAKES BLVD, SUITE 201

WESTON, FL 33326 US

Address:

City-St-Zip:

FILED Jul 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1820 N CORP LAKES BLVD WESTON, FL 33326 **New Mailing Address: Current Mailing Address:** 1820 N CORP LAKES BLVD WESTON, FL 33326 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: DON GONZALEZ, P.A 1820 N CORP LAKES BLVD 201 WESTON, FL 33326 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PUENTES, FABIO A Name: Name: Address: 1820 N CORP LAKES BLVD, SUITE 201 Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PUENTES, DIEGO C Name: Address: 1820 N CORP LAKES BLVD, SUITE 201 Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition HENAO, ALEXANDRA Name: MONTENEGRO, MAGDALENA Name: 1820 N CORP LAKES BLVD, SUITE 201 1820 N CORP LAKES BLVD, SUITE 201 Address: Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: WESTON, FL 33326 US Title: MGRM () Delete Title: () Change () Addition Name: PUENTES, FABIO H 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: FABIO A PUENTES MGR 07/23/2009