

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117992

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: LUCRE ENTERPRISES USA, LLC

## Current Principal Place of Business:

12324 NW 26TH STREET  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

5479 W. ATLANTIC BLVD  
MARGATE, FL 33063

## Current Mailing Address:

12324 NW 26TH STREET  
CORAL SPRINGS, FL 33065

## New Mailing Address:

5479 W. ATLANTIC BLVD  
MARGATE, FL 33063

FEI Number: 26-3954546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORLIN, DORELLE  
12324 NW 26TH STREET  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

NORLIN, DORELLE MGRM  
12324 NW 26TH STREET  
CORAL SPRINGS, FL 33065 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: DORELLE NORLIN

03/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: NORLIN, DORELLE MGRM  
Address: 12324 NW 26TH ST  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Change (X) Addition  
Name: SCELTA, VINCENT MGRM  
Address: 12324 NW 26TH ST  
City-St-Zip: CORAL SPRINGS, FL 33065

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: DORELLE NORLIN

MGRM

03/21/2009

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