

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081427

Entity Name: INMOBIFEX USA, LLC

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

970 NE 34TH AVE. #104
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 349140
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 27-0789696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LEON, SANDRA
970 NE 34TH AVE. #104
HOMESTEAD, FL 33033 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: MGRM
Name: DE LEON, SANDRA
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

Title: MGRM
Name: PACHECO, VICTOR M
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

Title: MGRM
Name: ALVAREZ, ROSARIO I
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

Title: MGRM
Name: PACHECO, KATTY A
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

Title: MGRM
Name: PACHECO, SEBASTIAN A
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

Title: MGRM
Name: PACHECO, NATALIA A
Address: P.O. BOX 349140
City-St-Zip: HOMESTEAD, FL 33034

I hereby 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: SANDRA DE LEON

MGRM

01/05/2011

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