

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031966

Entity Name: COZI USA LLC

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

218 SE 14 STREET
APT 1102
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

132 MINORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

2103 CORAL WAY
SUITE 305
MIAMI, FL 33145

FEI Number: 80-0576923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSE E
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SMITH, JOSE E
2103 CORAL WAY
SUITE 305
MIAMI, FL 33145 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: JOSE E SMITH

04/26/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ACHURRA, IMANOL
Address: 218 SE 14 STREET APT 1102
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM
Name: JIMENEZ, ANTONIO J
Address: URB COLINA DEL ESTE #19 LA ROSALEDA
City-St-Zip: BARQUISIMETO EDO LARA, SA VENEZUELA SA

Title: MGRM
Name: SABBAGH, JORGE L
Address: URB LOS APAMATES MACUTO#3 COLINAS DEL
City-St-Zip: TURBIO BARQUISIMETO EDO LARA, SA VENEZUELA SA

Title: MGRM
Name: SABBAGH, FEDERICO J
Address: COLINAS DEL TURBIO URB BARICI PLAZA #5
City-St-Zip: BARQUISIMETO EDO LARA, SA VENEZUELA SA

Title: MGRM
Name: SABBAGH, ELIAS J
Address: COLINAS DEL TURBIO URB BARICI PLAZA #4
City-St-Zip: BARQUISIMETO, SA VENEZUELA SA

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: IMANOL ACHURRA

MGRM

04/26/2011

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