

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031966

Entity Name: COZI USA LLC

FILED
Apr 19, 2012
Secretary of State

Current Principal Place of Business:

218 SE 14 STREET
APT 1102
MIAMI, FL 33131 US

New Principal Place of Business:

901 BRICKELL KEY BLVD
#2406
MIAMI, FL 33131 US

Current Mailing Address:

2103 CORAL WAY
SUITE 305
MIAMI, FL 33145

New Mailing Address:

901 BRICKELL KEY BLVD
#2406
MIAMI, FL 33131 US

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
2103 CORAL WAY
SUITE 305
MIAMI, FL 33145 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: 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

04/19/2012

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