


FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90422 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004878			
1. Entity Name BINDA USA LLC			
Principal Place of Business 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901		Mailing Address 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18851 NE 29TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1000	
City & State		City & State AVENTURA, FLORIDA	
Zip	Country	Zip	Country
		33180	USA
4. FEI Number 41-2156555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEDONE, JOANNE % BINDA USA LLC 18851 N.E. 29TH AVENUE, STE. 1000 AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Joanne Tedone</i>		DATE <i>5/4/2007</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINDA, MARCELLO 18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINDA, SIMONE 18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STELLA, CLAUDIO 18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIERACCIONI, GIOVANNI 18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGLIARA, FRANCESCO 18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Giovanni Pieraccioni</i>		Date <i>5/4/2007</i> Daytime Phone # <i>305-692-5212</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			