

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006391

Entity Name: S.P.L.-USA, CORP.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

655 NORTHERN BOULEVARD
CLARK SUMMIT, PA 18411

New Principal Place of Business:

Current Mailing Address:

PO BOX 543
CLARKS SUMMIT, PA 184110543

New Mailing Address:

655 NORTHERN BOULEVARD
CLARKS SUMMIT, PA 184110543

FEI Number: 23-2928279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: YURASZECK, JOSE
Address: 655 NORTHERN BLVD.
City-St-Zip: CLARKS SUMMIT, PA 18411

Title: D () Delete
Name: BASCUR, ENRIQUE
Address: 655 NORTHERN BOULEVARD
City-St-Zip: CLARK SUMMIT, PA 18411

Title: DP () Delete
Name: DANUS, ALEJANDRO
Address: 655 NORTHERN BOULEVARD
City-St-Zip: CLARK SUMMIT, PA 18411

Title: S () Delete
Name: QUESNEY, VALERIO
Address: 655 NORTHERN BOULEVARD
City-St-Zip: CLARK SUMMIT, PA 18411

Title: S () Delete
Name: SANCHEZ, RAIMUNDO
Address: 655 NORTHERN BOULEVARD
City-St-Zip: CLARK SUMMIT, PA 18411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAIMUNDO SANCHEZ

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date