2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 A Secretary of State **DOCUMENT # G01624** 1. Entity Name ERKIS U.S.A., INC. Principal Place of Business Mailing Address 1314 E LAS OLAS BLVD 1314 E LAS OLAS BLVD 1027 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2234354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARCKMANN, GEORGÉS DO NOT WRITE 1314 E LAS OLAS BLVD 1027 IN THIS SPACE FORT LAUDERDALE, FL 33301 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 1 Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE U0UUUU302585 9. Election Campaign Financing \$5.00 May Be 04/30/08-80011-025 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PDST** STARCKMANN, GEORGES NAME 1314 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08 954-260-0086

Daytime Phone

FILED