


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # K23810
1. Entity Name
REINDISA (USA), INC.



Principal Place of Business: 848 BRICKELL AVE., SUITE 700, MIAMI, FL 33131 US
Mailing Address: 848 BRICKELL AVE., SUITE 700, MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number: 52-1567282 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURAI,WALD,BIONDO,MATTHEWS & MORENO PA
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
MIAMI, FL 33131

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IN THIS SPACE**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ARDID, JOSE
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DVT
NAME	ARDID, MIGUEL
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ARDIO, INIGO
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	DIEGO, ARDID
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/24/07-80141-019-150.00

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: JOSE ARDID Date: 4/11/07 Daytime Phone #: 305 377 1001