

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 10, 2008
Secretary of State**

DOCUMENT# P00000019670

Entity Name: MARROQUINERA (USA), INC.

Current Principal Place of Business:

55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432 US

New Principal Place of Business:

55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432 US

Current Mailing Address:

1500 SAN REMO AVE.,STE.125
CORAL GABLES, FL 33146

New Mailing Address:

55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432 US

FEI Number: 65-0992368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE.,STE.125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONIQUE TRONCONE CPA
55 NE 5TH AVENUE STE 501
BOCA RATON, FL 33432 US

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: MONIQUE TRONCONE CPA 06/10/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HERNANDEZ, MARIO
Address: 55 NE 5TH AVE., SUITE 501
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, MARIO
Address: 55 NE 5TH AVE., SUITE 501
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIO HERNANDEZ PD 06/10/2008
Electronic Signature of Signing Officer or Director Date