


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000080993**

1. Entity Name  
**COMERCIALIZADORA DEL CARIBE USA, CORP.**



Principal Place of Business      Mailing Address

**2700 GLADE CIRCLE, SUITE # 137**      **2700 GLADES CIRCLE SUITE # 137**  
**WESTON, FL 33327**      **WESTON, FL 33327**

**DO NOT WRITE IN THIS SPACE**



05012007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1146238**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YILO, JORGE A**  
**810 CHIMNEY ROCK ROAD**  
**FT. LAUDERDALE, FL 33327**

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

**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	PD
NAME	YILO, JORGE A
STREET ADDRESS	810 CHIMNEY ROCK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE	STD
NAME	ALFARO, MARIA BEATRIZ
STREET ADDRESS	810 CHIMNEY ROCK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: Jorge Yilo      04/30/07      954 3491696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #