

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024805

Entity Name: I.O.C.A. USA INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

1835 NW 112 AVE
SUITE 159
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1835 NW 112 AVE
SUITE 159
MIAMI, FL 33172

New Mailing Address:

FEI Number: 02-0565262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, ANA MARIA
1835 NW 112 AVE
SUITE 159
MIAMI, FL 33172 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: PD () Delete
Name: CARRASCO, ANA MARIA
Address: 1835 NW 112 AVE, SUITE 159
City-St-Zip: MIAMI, FL 33172

Title: VD () Delete
Name: PASCHALIDES, ASTRID
Address: 1835 NW 112 AVE SUITE 159
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANA M CARRASCO

PD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date