


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000062332  
 1. Name  
 ROCKLAND USA, INC.



Principal Place of Business: 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131  
 Mailing Address: 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0749362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MURAI WALD BIONDO MORENO & BROCHIN, P.A.  
 TWO ALHAMBRA PLAZA  
 PENTHOUSE 1B  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, FERNANDO A
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VSD
NAME	ARDID, JOSE
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VAS
NAME	ARDID, INIGO
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VAS
NAME	ARDID, DIEGO
STREET ADDRESS	848 BRICKELL AVENUE, 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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 05/15/08-80050-008 150.00

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 4-21-08 3053771001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #