


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000066830**

1. Entity Name  
**AMERIMARKET USA, CORP.**



Principal Place of Business <b>444 BRICKELL AVE          51 BOX 255          MIAMI, FL 33131</b>	Mailing Address <b>444 BRICKELL AVE          51 BOX 255          MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1068823</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUNCOSA, SANTIAGO  
 444 BRICKELL AVE  
 SUITE 51, 255  
 MIAMI, FL 33131**

**DO NOT WRITE 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D JUNCOSA, SANTIAGO 444 BRICKELL AVE, SUITE 51,255 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ARMANDO CENTRO EMPRESARIEL LAGUNITA, PISO5,OFC516 EL HATILLO,ESTADO MIRANDA, 1081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLA, JORGE CENTRO EMPRESARIAL LAGUNITA,PISO5, OFC 516 EL HATILLO, ESTADO MIRANDA, 1081
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**DO NOT WRITE IN THIS SPACE**

U00000639053  
 02/28/07-80010-021 150.00

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 information empowered.

**SIGNATURE:**  **02/13/2007**

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