

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142685

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Entity Name:** CARDIOVASCULAR RISK REDUCTION USA, INC.

**Current Principal Place of Business:**

5150 LIMTON BLVD, #220  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

5150 LINTON BLVD, #220  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5150 LIMTON BLVD, #220  
DELRAY BEACH, FL 33484

**New Mailing Address:**

5150 LINTON BLVD, #220  
DELRAY BEACH, FL 33484

**FEI Number:** 16-1710723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARIDA, CAMILLE  
5150 LIMTON BLVD, #220  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

CARIDA, CAMILLE  
5150 LINTON BLVD, #220  
DELRAY BEACH, FL 33484 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/21/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: CARIDA, CAMILLE  
Address: 5150 LIMTON BLVD, #220  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: CARIDA, CAMILLE  
Address: 5150 LINTON BLVD, #220  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILLE CARIDA

Electronic Signature of Signing Officer or Director

PRES

03/21/2007

Date