

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142685

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

5150 LINTON BLVD, #220  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5150 LINTON BLVD, #220  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 16-1710723      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

CARIDA, KAREN  
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: KAREN CARIDA

02/02/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: T ( ) Change (X) Addition  
Name: CARIDA, CAMILLE  
Address: 5150 LINTON BLVD, #220  
City-St-Zip: DELRAY BEACH, FL 33483

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: KAREN CARIDA

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02/02/2009

Electronic Signature of Signing Officer or Director

Date