

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142685

FILED
May 01, 2010
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 ()

Name and Address of Current Registered Agent:

CARIDA, KAREN
5150 LINTON BLVD, #220
DELRAY BEACH, FL 33484 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN CARIDA

PRES

05/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date