



**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04013</b> 1. Entity Name <b>ALMYRA COMPANY N.V., INC.</b>		
Principal Place of Business <b>806 DOUGLAS RD          SUITE 580          CORAL GABLES, FL 33134 US</b>		Mailing Address <b>806 DOUGLAS RD          SUITE 580          CORAL GABLES, FL 33134 US</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>59-2471378</b>		Applied For <input type="checkbox"/> 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 <b>REGISTERED AGENT CORPORATE SERVICES, IC.          806 DOUGLAS RD          SUITE 580          CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>DE ARMAS, OSVALDO</b> <b>% M. GUZMAN, 11211 PROSPERITY FARMS RD, 102          PALM BCH GARDENS, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000675706</b> <b>03/30/07-80030-009 150.00</b>
TITLE <b>DP</b>	<input type="checkbox"/> Delete <b>MIRANDA, MARIO JOAQUIN</b> <b>AZUCARERA EL PALMAR, APARTADO 1518-1000          SAN JOSE, CO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b>	<input type="checkbox"/> Delete <b>MIRANDA, CARLOS E.</b> <b>AZUCARERA EL PALMAR, APTDO. 1518-1000          SAN JOSE, CO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DVT</b>	<input type="checkbox"/> Delete <b>MIRANDA, JORGE RODOLFO</b> <b>AZUCARERA EL PALMAR, APTDO. 1518-1000          SAN JOSE, CO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 endorsement, with all other like empowered.		
<b>SIGNATURE:</b> 		<b>Jorge Miranda</b> <b>Feb. 27/07</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>