
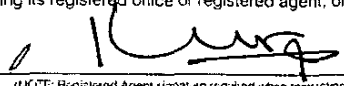
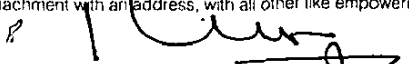


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 040 ***150.00

DOCUMENT # P05000134799					
1. Entity Name SOPRODI USA, INC.					
Principal Place of Business 1000 BRICKELL AVENUE SUITE 905 MIAMI, FL 33131		Mailing Address 1200 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 BRICKELL AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 905			
City & State		City & State MIAMI, FL		4. FEI Number 20-3706139	
Zip		Zip 33131		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: AUGUSTO ZAMORANO Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE (905) City: MIAMI, FL Zip Code: 33131		
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: AUGUSTO ZAMORANO  DATE: 3-07-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MAZUELA, RAMON 1000 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman Jorge M. Bravo Sr. 1000 Brickell Ave (905) Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BRAVO, JORGE.B 1000 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman & President Ramon E. Mazuela 1000 Brickell Ave (905) Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BRAVO, JORGE A 1000 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & Treasurer Jorge A. Bravo 1000 Brickell Ave (905) Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MAZUELA, RODRIGO 1000 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rodrigo F. Mazuela 1000 Brickell Ave (905) Miami FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ZAMORANO, AUGUSTO 1000 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager Augusto Zamorano 1000 Brickell Ave (905) Miami FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance Manager Jorge Mario Bravo 1000 Brickell Ave. (905) Miami, FL 33131	<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 address, with all other like empowered.					
SIGNATURE: 			Date: 3/7/08		Director Phone #: 305-4156390
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Director Phone #</small>