2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110370

Entity Name: INTEGRAL SERVICES USA CORPORATION

FILED Jan 24, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
650 NW 43 AVE MIAMI, FL 33126			33J	555 NE 15TH STREET 33J MIAMI, FL 33132		
Current M	ailing Address	::	New Maili	New Mailing Address:		
650 NW 43 AVE MIAMI, FL 33126			33J	555 NE 15TH STREET 33J MIAMI, FL 33132		
FEI Number:	20-5440233	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	New Registered Agent:	
ALVAREZ, 650 NW 43 MIAMI, FL	3 AVE		555 NE 15 33J	JMBERTO I TH STREET 33132 US		
	named entity su of Florida.	ubmits this statement for the pu	urpose of changing	its registered o	office or registered agent, or both,	
SIGNATURE: HUMBERTO I. CORTI					01/24/2008	
	Electronic	Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	BARRERA, ENRI AMENABAR 155 BUENOS AIRES,		Title: Name: Address: City-St-Zip: Title:	CORTI, HUMBI 555 NE 15TH S MIAMI, FL 331	STREET	
Name: Address: City-St-Zip:	DOMINGUEZ, MA SANTA FE 757 R CHACO, ARGEN	ARCELO G ESISTENCIA	Name: Address: City-St-Zip:	BARRERA, EN AMENABAR 15	RIQUE H	
Title: Name: Address: City-St-Zip:	LUJAN, NORA M AMENABAR 155	Delete 1 5A ARGENTINA, OC	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zin:	DOMINGUEZ, MA SANTE FE 757 R		Title: Name: Address: City-St-Zin:	() Change ()Addition	

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: HUMBERTO I. CORTI P 01/24/2008