

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065329

Entity Name: V.F.M. USA INC.

FILED  
Feb 22, 2010  
Secretary of State

**Current Principal Place of Business:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**New Principal Place of Business:**

4474 WESTON ROAD  
141  
WESTON, FL 33331

**Current Mailing Address:**

1792 BELL TOWER LANE  
WESTON, FL 33326

**New Mailing Address:**

4474 WESTON ROAD  
141  
WESTON, FL 33331

FEI Number: 26-0290001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAULY, CLEMENS W  
815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LASO, ISIDORO R  
Address: AV.LEANDRO N. ALEM 690, PISO 13  
City-St-Zip: C1001AA0, CIUDAD AUTONOMA DE,

Title: VD  
Name: DUJOVNE, RICARDO A  
Address: AV.LEANDRO N. ALEM 690, PISO 13  
City-St-Zip: C1001AA0, CIUDAD AUTONOMA DE,

Title: V  
Name: LASO, FEDERICO F  
Address: CALLE 16 BIS,NUMERO 4555  
City-St-Zip: PROVINCIA DE BUENOS ARIES,A,

Title: GMS  
Name: HERNANDEZ, RAUL  
Address: 795 BAYSIDE LN  
City-St-Zip: WESTON, FL 33326

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: RAUL HERNANDEZ

GMS

02/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date