

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071644

FILED
Mar 25, 2009
Secretary of State

Entity Name: SPICES USA, INC.

Current Principal Place of Business:

8410 N.W. 93RD STREET
MEDLEY, FL 33166 US

New Principal Place of Business:

741 W. 17TH STREET
HIALEAH, FL 33010 US

Current Mailing Address:

8410 N.W. 93RD STREET
MEDLEY, FL 33166 US

New Mailing Address:

741 W. 17TH STREET
HIALEAH, FL 33010 US

FEI Number: 65-0443037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED
343 ALMERIA AVE
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: P () Delete
Name: CHO, EDWIN
Address: 6720 N. AUGUSTA DRIVE
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: CHO, DANA
Address: 6720 N. AUGUSTA DRIVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANA CHO

VP

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date