

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012892

Entity Name: I.J.M. USA, INC.

FILED  
Mar 04, 2008  
Secretary of State

## Current Principal Place of Business:

117 MAJORCA AVENUE  
SUITE 102  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

117 MAJORCA AVENUE  
SUITE # 102  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-1156037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEGRETTI, EBE SEC.  
1627 BRICKELL AVE  
APT # 1205  
MIAMI, FL 33129 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 ( ) Delete  
Name: MATAS, JACQUES SR  
Address: 117 MAJORCA AVE #102  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPST ( ) Delete  
Name: MATAS, JACQUES JR  
Address: 117 MAJORCA AVE # 102  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: MATAS, JUAN P  
Address: 117 MAJORCA AVE # 102  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR ( ) Delete  
Name: MATAS, JACQUES JR  
Address: 117 MAJORCA AVE # 102  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: MATAS, JAVIER  
Address: 117 MAJORCA AVE # 102  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: MATAS, JUAN M  
Address: 117 MAJORCA AVENUE # 102  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: MATAS, JAVIER  
Address: 117 MAJORCA AVE # 102  
City-St-Zip: CORAL GABLES, FL 33134

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

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: EBE ALLEGRETTI

SEC.

03/04/2008

Electronic Signature of Signing Officer or Director

Date