


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90061 032 \*\*\*150.00

**DOCUMENT # P98000070877**  
 1. Entity Name  
**TELEFONICA INTERNACIONAL USA, INC.**



Principal Place of Business      Mailing Address  
**140 EAST 45TH STREET**      **140 EAST 45TH STREET**  
**17TH FLOOR**      **17TH FLOOR**  
**NEW YORK, NY 10017 US**      **NEW YORK, NY 10017 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04262007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0862479**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRIL, LUIS	
STREET ADDRESS	GRAN VIA 28 12TH FLOOR	
CITY-ST-ZIP	MADRID, SPAIN, SP 28013	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, FRANCISCO	
STREET ADDRESS	GRAN V IA 28 12TH FLOOR	
CITY-ST-ZIP	MADRID, SPAIN, SP 28013	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	PIZARRO-FIGUEROA, MARÍA D	
STREET ADDRESS	1111 BRICKELL AVE. 10TH FLOOR	
CITY-ST-ZIP	MIAIMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZARRO-FIGUEROA MARIA D.	
STREET ADDRESS	METRO OFFICE PARK BLDG. 17, SUITE 600	
CITY-ST-ZIP	GUAYNABO, PUERTO RICO 00968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: María D. Pizarro Figueroa      Date: April 26, 2007      Daytime Phone #: (787) 530 3686