

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006511

Entity Name: COTIA (USA) LTD., INC.

FILED
Jan 27, 2006
Secretary of State

Current Principal Place of Business:

ONE ROCKEFELLER PLAZA
#1280
NEW YORK, NY 10020

New Principal Place of Business:

Current Mailing Address:

ONE ROCKEFELLER PLAZA
#1280
NEW YORK, NY 10020

New Mailing Address:

FEI Number: 13-3887190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAES, EDSON PRES
CORIA (USA) LTD., INC.
2335 NW 107 AVE., BUILDING 2
DORAL, FL 33172 US

Name and Address of New Registered Agent:

PAES, EDSON PRES
COTIA (USA) LTD., INC.
2335 NW 107 AVE., BUILDING 2
DORAL, FL 33172 US

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:

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DA SILVA PAES, EDSON
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

Title: VD () Delete
Name: DE LIMA MENGE, FERNANDO
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

Title: VD () Delete
Name: MANGABERIA ALBERNAZ, EDUARDO
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

Title: S () Delete
Name: SICILLIANO FLEVERY, JAYME
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

Title: S (X) Delete
Name: LUIS REIS, ROBSON
Address: ONE ROCKETJELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

Title: VD () Delete
Name: COMPANA CORRAMENHA, RENATO
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DA SILVA PAES, EDSON
Address: ONE ROCKEFELLER PLAZA SUITE 1280
City-St-Zip: NEW YORK, NY 10020

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDSON DASILVA PAES

PRES

01/27/2006

Electronic Signature of Signing Officer or Director

Date