

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002777

FILED
Jan 30, 2007
Secretary of State

Entity Name: EMBUTIDOS PALACIOS USA, INC.

Current Principal Place of Business:

45 ANTILLA AVE., #1-E
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

7224 NW 25TH STREET
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 51-0386268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAN MARTIN, IVAN
45 ANTILLA AVE., #1-E
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: PALACIOS, FRANCISCO J
Address: 45 ANTILLA AVE., #1-E
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: SANMARTIN, IVAN
Address: 1450 S. BAYSHORE DRIVE, AP.1211
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: PALACIOS, ANGEL P
Address: 45 ANTILLA AVE., #1-E
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: PALACIOS, JAIME P
Address: 45 ANTILLA AVE., #1-E
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: () 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 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: IVAN SAN MARTIN

V

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date