2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# P04000006136

Entity Name: HEROLD USA INC

Current Principal Place of Business:

969 NAUTICA DR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE # 339
WESTON, FL 33326

New Mailing Address:

FEI Number: 56-2584354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

AMKE REGISTERED AGENTS LLC
ONE S.E. THIRD AVENUE
SUITE 2250
MIAMI, FL 33131 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: ARTURO J. ABALLI 08/21/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NEVAREZ, ALEJANDRO
Address: 318 INDIAN TRACE 3339
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: COGLITORE, SANDRO
Address: AV C.J. AROSEMENA KM 3
City-St-Zip: GUAYAQUIL ECUADOR,

Title: D ( ) Delete
Name: VANONI, MARIA A
Address: AV C.J. AROSEMENA KM 3
City-St-Zip: GUAYAQUIL ECUADOR,

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VANONI, SANDRO A
Address: 318 INDIAN TRACE #339
City-St-Zip: WESTON, FL 33326

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

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

Title: D ( ) Change (X) Addition
Name: VANONI D., XAVIER
Address: 318 INDIAN TRACE #339
City-St-Zip: WESTON, FL 33326

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: SANDRO COGLITORE D 08/21/2007
Electronic Signature of Signing Officer or Director Date