

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120448

1. Entity Name  
SIMBIO USA, INC.



Principal Place of Business

9 NW 2ND STREET  
SUITE 315  
MIAMI, FL 33132 US

Mailing Address

45 SW 20TH ROAD  
MIAMI, FL 33129 US

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
42-1713045

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BRAVO, YAMILKA  
45 SW 20TH ROAD  
MIAMI, FL 33129

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BRAVO, YAMILKA  
45 SW 20TH ROAD  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
CHEN, TSOWEN  
1010 RAILBED DRIVE  
ODENTON AA, MD 21113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000957086  
08/04/08-80008-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08

Date

305-484-4972

Daytime Phone #