

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000107910

**Entity Name:** WAU USA CORP.

**Current Principal Place of Business:**

240 CRANDON BOULEVARD  
SUITE 272, 275 & 278  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

240 CRANDON BOULEVARD  
SUITE 272, 275 & 278  
KEY BISCAYNE, FL 33149

**FEI Number:** 98-0609640

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS, INC.  
18501 PINES BLVD.  
SUITE 201  
PEBROKE PINES, FL 33029 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name PARTIDAS, JORGE  
Address 141 CRANDON BLVD. - APT. #137  
City-State-Zip: KEY BISCAYNE FL 33149

Title CD  
Name SAADE, EDMOND  
Address 380 WOODCREST RD.  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name BANFI, CARLOS  
Address LAPRIDA 1024  
City-State-Zip: CAPITAL FEDERAL XX 1425

Title D  
Name BANFI, DIEGO  
Address LAPRIDA 1024  
City-State-Zip: CAPITAL FEDERAL XX 1425

Title D  
Name DELGADO, GABRIEL  
Address AVENIDA REFORMA 8-60, ZONA 9,  
OFICINA 1204  
City-State-Zip: TORRE 1 GUATEMALA XX N/A

Title D  
Name VALLENILLA, ALFREDO  
Address 1832 ASPEN LN.  
City-State-Zip: WESTON FL 33327

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALFREDO VALLENILLA

**DIRECTOR**

**04/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date