

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000100996

Entity Name: PLAM USA, CORP.**Current Principal Place of Business:**5401 COLLINS AVENUE, UNIT 835
MIAMI BEACH, FL 33140**Current Mailing Address:**2000 PONCE DE LEON BLVD., SUITE 617
CORAL GABLES, FL 33134**FEI Number:** 90-0917954**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBOSA LAW OFFICE.
2000 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL 33134 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	DP
Name	FARAGONE, ANTONIO A
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

Title	DV
Name	TASSINARI FARAGONE, NILVA M
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

Title	SD
Name	TASSINARI FARAGONE, MAURICIO
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

Title	DS
Name	TASSINARI FARAGONE, MAURICIO
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

Title	DS
Name	TASSINARI FARAGONE, LUCIANA
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

Title	DT
Name	TASSINARI FARAGONE, PATRICIA
Address	5401 COLLINS AVENUE, UNIT 835
City-State-Zip:	MIAMI BEACH FL 33140

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: MAURICIO TASSINARI FARAGONE

D

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date