

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 AUG 31 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072007 Chg-P CR2E034 (12/06)

DOCUMENT # 584869			
1. Entity Name HORACIO O. FERREA NORTH AMERICA DIVISION INC.			
Principal Place of Business 2600 N.W. 55TH COURT SUITE 234 FT LAUDERDALE, FL 33309		Mailing Address 2600 N.W. 55TH COURT, SUITE 234 SUITE 234 FT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1868150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URRUTIA, DANIEL 14991 HORSESHOE TRACE WELLINGTON, FL 33414		Name Atrium Registered Agents, Inc, Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 125 City Coral Gables FL Zip Code 33146	
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. Atrium Registered Agents, Inc. SIGNATURE <u><i>Robert A. Stamen</i></u> by: Robert A. Stamen, VP */28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREA, HORACIO O 5320 N E 17TH TERRACE FT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109131993 09/06/07--01028--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERREA, MIRTA E U 5320 N E 17TH TERRACE FT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URRUTIA, DANIEL 14991 HORSESHOE TRACE WELLINGTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/S/D Urrutia, Daniel 2600 NW 55th Ct. Suite 234 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D/VP Romano, Oscar 2600 NW 55th Ct. Suite 234 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Daniel Urrutia</i></u> DANIEL URRUTIA		Date <u>August 14-07</u> Daytime Phone #	