## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # F01000001586  1. Entity Name ST IVES (USA) INC.			A LANGE				007 90040	0012 ***	158.75
Principal Place of Business Mailing Address			L		1 .	AE 793	9		
13449 NW 42ND AVE MIAMI, FL 33054		13449 NW 42ND AVE MIAMI, FL 33054			<b>.</b> • • • • • • • • • • • • • • • • • • •	005723	•		
					THE REPORT OF THE				(C)
2. Principal P	lace of Business - No P O Box #	3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.			01172007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe 39-165			<del></del>	plied For LApplicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GROHOWSKI, KENNETH				Name					
13449 NW 42ND AVE MIAMI, FL 33054				Street Address (P.O. Box Number is Not Acceptable)					
,									
				City			FL	Zip Code	•
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   SignAtur									
- Signature, typed or printed name of registered agont and ade if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150,00 After May 1,2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees								1	
10.	OFFICERS AND	D DIRECTORS	11,		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
TITLE	PD '	☐ Delete	TITLE					Change	Addition
NAME	ANGSTROM, WAYNE R		NAME.						
STREET ADDRESS CITY ST ZIP	13449 NW 42ND AVE		STREET CITY ST	ADDRESS					
ļ	MIAMI, FL 33054 SD	77		-	_			[] Change	Medition
TITLE NAME	CARUANA, JEANNE	Delete	TITLE NAME	D 0	لكمها مآل	Pade	l		Addition
STREET ADDRESS	13449 NW 42ND AVE		STREET	ADDRESS   NC	$\mathcal{L}(A \cap \mathcal{L}_{\mathcal{L}})$	, Rach	e e		
CITY-ST-ZIP	MIAMI, FL 33054		CITY ST	T ZIP NIC	ami fi	3305	1-4282	·	
TITLE	CD	Delete	THLE				•	Change	Addition
STREET ADDRESS	EDWARDS, BRIAN 13449 NW 42ND AVE		NAME	VDD0ECC					
CITY-ST-ZIP	MIAMI, FL 33054		CITY-SI	ADDRESS T-ZIP					
TITLE		☐ Delete	TITLE			·	<del></del>	☐ Change	Addition
NAME		<u>-</u>	NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY S	1-418				F3.6:	
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS				ADDRESS					
CITY ST ZIP			CITY 5	I .					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY ST ZIP			STREET CITY S	ADORESS T ZIP					

12. Thereby 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

3/30/07 305-685-7381

Daytime Phone #