# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2009**
**Secretary of State**

DOCUMENT# F03000004622

**Entity Name:** PRESIDENTE USA, INC.

**Current Principal Place of Business:**

8280 NW 27 STREET
SUITE 518
MIAMI, FL 33122

**New Principal Place of Business:**

8250 NW 27 STREET
SUITE 306
MIAMI, FL 33122

**Current Mailing Address:**

16501 SW 81 AVE
C/O SANDRA KAYAL
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 58-2418111** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MENICUCCI, RAFAEL
Address: AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN
City-St-Zip: SANTO DOMINGO DOMINICAN REB.,

Title: V ( ) Delete
Name: LEON, FRANKLIN
Address: AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN
City-St-Zip: SANTO DOMINGO DOMINICAN REB.,

Title: S ( ) Delete
Name: FRANCO, RAMON
Address: AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN
City-St-Zip: SANTO DOMINGO DOMINICAN REB.,

Title: T ( ) Delete
Name: CAMACHO, RAMON
Address: AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN
City-St-Zip: SANTO DOMINGO DOMINICAN REB.,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA P. KAYAL CPA 04/08/2009

Electronic Signature of Signing Officer or Director — Date