

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006374

Entity Name: AZALEIA U.S.A., INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2315 NW 107 AVE
MALL 1 SUITE 2
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2315 NW 107 AVE
BOX 91
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 36-3839637 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: PC () Delete
Name: FAGONDES, ROGERIO
Address: 1341 NW 159 LN
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: OP () Delete
Name: SPOHR, FERNANDO
Address: 4624 NW 107 AVE APT 2311
City-St-Zip: DORAL, FL 33178 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: FAGONDES, ROGERIO
Address: 15794 SW 141 ST
City-St-Zip: MIAMI, FL 33196 US

Title: OP (X) Change () Addition
Name: SPOHR, FERNANDO
Address: 12972 SW 135 TER
City-St-Zip: MIAMI, FL 33186 US

Title: DIR () Change (X) Addition
Name: SANTANA, PAULO R
Address: RUA DOCTOR LEGENDRE 34
City-St-Zip: PAROBE, RS 95630 BR

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGERIO FAGONDES

PC

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date