

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006374

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

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

2315 NW 107 AVE
BOX 91
DORAL, FL 33172 US

New Principal Place of Business:

833 WEST AVE
SUITE 205
MIAMI BEACH, FL 33139 US

New Mailing Address:

PO BOX 398299
MIAMI BEACH, FL 33239 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARDOSO DO BRITO, MILTON
Address: RUA DOCTOR LEGENDRE 34
City-St-Zip: PAROBE, RS 95630 BR

Title: VD (X) Change () Addition
Name: BRITO, EDIVALDO R
Address: RUA DOCTOR LEGENDRE 34
City-St-Zip: PAROBE, RS 95630 BR

Title: SD (X) Change () Addition
Name: WASCURA, JOSEPH F
Address: 833 WEST AVE SUITE 205
City-St-Zip: MIAMI BEACH, FL 33139 US

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: JOSEPH F WASCURA

SD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date