

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # F05000003864 1. Entity Name REGIO USA, INC.	
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Principal Place of Business 6612 SOUTH 28TH STREET MCALLEN, TX 78503	Mailing Address 1573 N.W. 82 AVENUE MIAMI, FL 33126
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2656865	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PORTILLO, MAURICIO
1573 N. W82 AVE.
MIAMI, FL 33126

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC PORTILLO, MAURICIO 1573 N. W82 AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LOS SANTOS, FRANK 6612 S. 28TH STREET MCALLEN, TX 78503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, VICTOR 6612 S. 28TH STREET MCALLEN, TX 78503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE LEON, ROGELIO 6612 S. 28TH STREET MCALLEN, TX 78503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DE LEON, RUBEN 6612 S. 28TH STREET MCALLEN, TX 78503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80082-003 150.00

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: *[Signature]* **4-10-2008** **(95C) 72-0581**
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #