

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004970

FILED
Apr 30, 2009
Secretary of State

Entity Name: NARANYA USA, INC.

Current Principal Place of Business:

2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

New Principal Place of Business:

1025 CORKWOOD ST
HOLLYWOOD, FL 33019

Current Mailing Address:

2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

New Mailing Address:

1025 CORKWOOD ST
HOLLYWOOD, FL 33019

FEI Number: 20-3309500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCEDO, FRANCISCO J MANAGER
2225 N COMMERCE PARKWAY
9
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SALCEDO, FRANCISCO J MANAGER
1025 CORKWOOD ST
HOLLYWOOD, FL 33019 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ARTURO DE JESUS GALVAN CONTRERAS
Address: AV. HIDALGO 2016 PTE COLONIA OBISPADO
City-St-Zip: MONTERREY NUEVO LEON CP 6406,

Title: VP () Delete
Name: EMESTO GALVAN CONTRERAS
Address: AV. HIDALGO 2016 PTE COLONIA OBISPADO
City-St-Zip: MONTERREY NUEVO LEON CP 6406,

Title: S () Delete
Name: JUAN FERNANDO POTES GONZALEZ
Address: AV. HIDALGO 2016 PTE COLONIA OBISPADO
City-St-Zip: MONTERREY NUEVO LEON CP 6406,

Title: T () Delete
Name: MIGUEL ANGEL AGUADO LORA
Address: AV. HIDALGO 2016 PTE COLONIA OBISPADO
City-St-Zip: MONTERREY NUEVO LEON CP 6406,

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: FRANCISCO J SALCEDO

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date