2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
JUL 13 2006
06 JUL 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000007199

1. Entity Name
DRAGADOS USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o KJM & Associates 60 E 42nd St		c/o KJM & Associates 60 E 42nd St	
Suite, Apt. #, etc. Ste 4402		Suite, Apt. #, etc. Ste 4402	
City & State New York, NY		City & State New York, NY	
Zip 10165	Country NY	Zip 10165	Country NY

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3902316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St

City: Tallahassee FL Zip Code: 32301

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 my position as registered agent.

900077756798
07/20/06--01010--003 **550.00

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

~~If January 1, May 1, Fee is $150.00~~
~~After May 1, Fee is $550.00~~
~~Amended UBR is $61.25~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Antonio Cortes c/o KJM & Associates 60 E 42nd St, Ste 4402 New York, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Antonio Espinos c/o KJM & Associates 60 E 42nd St, Ste 4402 New York, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jose A. Lopez-Monis c/o KJM & Associates 60 E 42nd St, Ste 4402 New York, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Antonio Sandoval c/o KJM & Associates 60 E 42nd St, Ste 4402 New York, NY 10165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Antonio Sandoval, Secty 7/13/06 212-808-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 1/09/03 CT System Online