


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007264 1. Entity Name POSADAS USA, INC.		
Principal Place of Business 5950 BERSHIRE LANE, STE 900 DALLAS, TX 75235	Mailing Address 5950 BERSHIRE LANE, STE 900 DALLAS, TX 75235	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent CORRAL, MANUEL POSADAS USA 4000 PONCE DE LEON BLVD., STE 470 CORAL GABLES, FL 33146		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD AZCARRAGA, GASTON 5950 BERSHIRE LANE, SUITE 990 DALLAS, TX 75225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP MEADOWS, H. STEVEN 5950 BERSHIRE LANE, SUITE 990 DALLAS, TX 75225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RENFRO, SHERRILL 5950 BERSHIRE LANE, SUITE 990 DALLAS, TX 75225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Sherry Renfro</u> <u>Secretary</u> <u>4/27/06</u> <u>214-891-3135</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1371552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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