
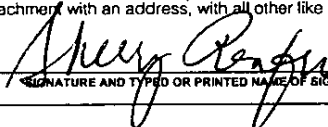


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 003 ***158.75

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # F05000007264 | | | |  | |
| 1. Entity Name POSADAS USA, INC. | | | | | |
| Principal Place of Business BERKSHIRE 5950 BERKSHIRE LANE, STE 900 DALLAS, TX 75235 75225 | | | Mailing Address BERKSHIRE 5950 BERSHIRE LANE, STE 900 DALLAS, TX 75235 75225 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 52-1371552 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORRAL, MANUEL POSADAS USA 9100 SOUTH DADELAND BLVD, SUITE 205 MIAMI, FL 33156 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE CD | NAME AZCARRAGA, GASTON | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5950 BERSHIRE LANE, SUITE 990 | DALLAS, TX 75225 | | STREET ADDRESS 5950 BERKSHIRE LANE, SUITE 990 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE EVP | NAME MEADOWS, H. STEVEN | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5950 BERSHIRE LANE, SUITE 990 | DALLAS, TX 75225 | | STREET ADDRESS 5950 BERKSHIRE LANE, SUITE 990 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE S | NAME RENFRO, SHERRILL | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 5950 BERSHIRE LANE, SUITE 990 | DALLAS, TX 75225 | | STREET ADDRESS 5950 BERKSHIRE LANE, SUITE 990 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | SECRETARY | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # 214-891-3130 | | |