

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001496

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CARBON POWER USA CORP.

## Current Principal Place of Business:

1751 JAMES AVENUE  
SUITE 201  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134

## New Mailing Address:

1751 JAMES AVENUE  
SUITE 201  
MIAMI BEACH, FL 33139

FEI Number: 54-2011528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: MINNA, LUCA  
Address: 1751 JAMES AVENUE, SUITE 201  
City-St-Zip: MIAMI BEACH, FL 33139

Title: CEO ( ) Delete  
Name: MINNA, LUCA  
Address: 1751 JAMES AVENUE, SUITE 201  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DPT ( ) Delete  
Name: MINNA, LUCA  
Address: 1751 JAMES AVENUE, SUITE 201  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPS (X) Delete  
Name: MAZZEGA, NICOLÒ  
Address: 1751 JAMES AVENUE, SUITE 201  
City-St-Zip: MIAMI BEACH, FL 33139

## 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: LUCA MINNA

DPT

04/30/2009

Electronic Signature of Signing Officer or Director

Date