

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# F06000001695

Entity Name: CINTERANDES USA, INC.

Current Principal Place of Business:

361 NW 110 AVENUE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

361 NW 110 AVENUE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 54-2024651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE DE RODAS, FERNANDA
361 NW 110 AVENUE
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODAS, EDGAR B MD
Address: 361 NW 110 AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: MERRELL, RONALD C MD
Address: 2702 MONUMENT AVE
City-St-Zip: RICHMOND, VA 23220

Title: ST () Delete
Name: ANDRADE DE RODAS, FERNANDA
Address: 361 NW 110 AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: LAUB, DONALD MD
Address: 1515 EL CAMINO REAL
City-St-Zip: PALO ALTO, CA 94306

Title: D () Delete
Name: SEELY, CONTEE
Address: 1755 HOPKINS ST
City-St-Zip: BERKELEY, CA 94707

Title: D () Delete
Name: SAMUELS, STANLEY MD
Address: 683 ALVARADO ROAD
City-St-Zip: STANFORD, CA

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDA ANDRADE DE RODAS

S/T

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date