

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90024 043 \*\*\*150.00



<b>DOCUMENT # F07000002296</b> 1. Entity Name <b>ESPACIO USA, INC.</b>	
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Principal Place of Business <b>1111 BRICKELL AVE SUITE 1900 MIAMI, FL 33131</b>	Mailing Address <b>1111 BRICKELL AVE SUITE 1900 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>405 SW 148 Avenue</b> Suite, Apt. #, etc. <b>Suite 1</b>	3. Mailing Address <b>405 SW 148 Ave</b> Suite, Apt. #, etc. <b>Suite 1</b>
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01162008 Chg-P CR2E034 (12/06)

City & State <b>Davie, FL</b>	City & State <b>Davie, FL</b>
Zip <b>33325</b>	Zip <b>33325</b>
Country <b>us</b>	Country <b>us</b>

4. FEI Number <b>77-0684507</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>	7. Name and Address of New Registered Agent Name <b>MIDIALYS RIVERO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9360 Sunset Drive Suite 287</b> City <b>Miami</b>
	FL Zip Code <b>33173</b>

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 Midialys Rivero **MIDIALYS RIVERO** 2/1/08  
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete <b>FERNANDEZ GALLAR, JOSE A</b>
NAME	<b>1111 BRICKELL AVE SUITE 1900</b>
STREET ADDRESS	<b>MIAMI, FL 33131</b>
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>PENIN, ALBERTO M</b>
STREET ADDRESS	<b>1111 BRICKELL AVE SUITE 1900</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>405 SW 148 Avenue, Suite 1</b>
STREET ADDRESS	<b>Davie, FL 33325</b>
CITY-ST-ZIP	
TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>405 SW 148 Avenue, Suite 1</b>
STREET ADDRESS	<b>Davie, FL 33325</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: [Signature] **2/29/08** **954-476-3200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #