

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2008 90024 043 ***150.00



DOCUMENT # F07000002296 1. Entity Name ESPACIO USA, INC.	
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Principal Place of Business 1111 BRICKELL AVE SUITE 1900 MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVE SUITE 1900 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 405 SW 148 Avenue	3. Mailing Address 405 SW 148 Ave
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1

City & State Davie, FL	City & State Davie, FL
Zip 33325	Zip 33325
Country us	Country us

01162008	Chg-P	CR2E034 (12/06)
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4. FEI Number 77-0684507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name MIDIALYS RIVERO Street Address (P.O. Box Number is Not Acceptable) 9360 Sunset Drive Suite 287 City Miami
	FL Zip Code 33173

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ GALLAR, JOSE A	NAME	405 SW 148 Avenue, Suite 1
STREET ADDRESS	1111 BRICKELL AVE SUITE 1900	STREET ADDRESS	Davie, FL 33325
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Davie, FL 33325
TITLE	D <input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENIN, ALBERTO M	NAME	405 SW 148 Avenue, Suite 1
STREET ADDRESS	1111 BRICKELL AVE SUITE 1900	STREET ADDRESS	Davie, FL 33325
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Davie, FL 33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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 #