

**2008
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 029 ***138.75

DOCUMENT # F09000000051

1. Entity Name

FLORESPA (USA) INC.



Principal Place of Business

4820 PROVINCE LINE RD
PRINCETON NJ 08540

Mailing Address

4820 PROVINCE LINE RD
PRINCETON NJ 08540



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2008637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

MCLAUGHLIN, GEORGE H II
2605 N.W. 75TH AVENUE
MISTY DEPT.
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

MARK A. COEL ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1900 GLADEL ROAD, Suite 350

City

BOCA RATON

FL

Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE DP ☐ Delete
NAME JORGE ENRIQUE HIDALGO CAPELLO
STREET ADDRESS JUAN DE VELASCO 129
CITY-ST-ZIP QUITO, ECUADOR

TITLE DST ☐ Delete
NAME MCLAUGHLIN, GEORGE H 2ND
STREET ADDRESS 4820 PROVINCE LINE RD.
CITY-ST-ZIP PRINCETON NJ 08540

TITLE D ☐ Delete
NAME CORNEJO, DR. CARLOS
STREET ADDRESS JUAN DE VELASCO 129
CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #

3/6/08 609-924-0807