

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004144

FILED
Jan 08, 2008
Secretary of State

Entity Name: FAMILIA USA INC.

Current Principal Place of Business:

590 COLUMBUS AV.
THORNWOOD, NY 10594

New Principal Place of Business:

Current Mailing Address:

590 COLUMBUS AV.
THORNWOOD, NY 10594

New Mailing Address:

FEI Number: 06-1500091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: PD () Delete
Name: DIAZ-TORRE, EMILIO
Address: 7215 NORTHGREEN DR NE
City-St-Zip: ATLANTA, GA 30328

Title: VD () Delete
Name: LASANA, ANDRE
Address: 2601 N SAYRE AVE
City-St-Zip: CHICAGO, IL 60707

Title: TSD () Delete
Name: ORTEGA, JOSE F
Address: 582 COLUMBUS AVE.
City-St-Zip: THORNWOOD, NY 10594

Title: D () Delete
Name: KADERABECK, MATTEW
Address: 2601 N SAYRE AVE
City-St-Zip: CHICAGO, IL 60707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ-TORRE, EMILIO
Address: 1585 LAZY RIVER LANE
City-St-Zip: SANDY PRINGS, GA 30350

Title: VPD (X) Change () Addition
Name: LASANA, ANDRE
Address: 2601 N SAYRE AVE
City-St-Zip: CHICAGO, IL 60707

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: JOSE FELIX ORTEGA

STD

01/08/2008

Electronic Signature of Signing Officer or Director

Date