

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # K23810

1. Entity Name
REINDISA (USA), INC.



Principal Place of Business

**848 BRICKELL AVE.
SUITE 700
MIAMI, FL 33131 US**

Mailing Address

**848 BRICKELL AVE.
SUITE 700
MIAMI, FL 33131 US**



04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number
52-1567282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURAI,WALD,BIONDO,MATTHEWS & MORENO PA
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ARDID, JOSE
848 BRICKELL AVE, SUITE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
ARDID, MIGUEL
848 BRICKELL AVE, SUITE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARDIO, INIGO
848 BRICKELL AVE, SUITE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIEGO, ARDID
848 BRICKELL AVE, SUITE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 report 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ARDID

4/11/07

Date

305 377 1001

Daytime Phone #

UD00000709136
04/24/07-80141-019-150.00

**DO NOT WRITE
IN THIS SPACE**