

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
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

DO NOT WRITE IN THIS SPACE



04222008 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

6. Name and Address of Current Registered Agent

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

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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, 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
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

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IN THIS SPACE

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

4-21-08

Date

3053771001

Daytime Phone #