

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23810

Entity Name: REINDISA (USA), INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

848 BRICKELL AVE.
SUITE 700
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

848 BRICKELL AVE.
SUITE 700
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 52-1567282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ARDID, JOSE
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: DVT () Delete
Name: ARDID, MIGUEL
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ARDIO, INIGO
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DIEGO, ARDID
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ARDID, JOSE M
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: DVT (X) Change () Addition
Name: ARDID, MIGUEL
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: ARDID, INIGO
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: ARDID, DIEGO
Address: 848 BRICKELL AVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ARDID

Electronic Signature of Signing Officer or Director

DPS

04/16/2009

Date