## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # L07396 03-11-2008 90017 014 \*\*\*150.00 1. Entity Name FINOTEX U.S.A. CORP. Principal Place of Business Mailing Address 400381 6942 N.W. 50TH ST. 2121 PONCE DE LEON BLVD MIAMI, FL 33166 STE 330 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0135546 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTIZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD **STE 330** CORAL GABLES, FL 33134 Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ASST S DP TITLE ☐ Delete TITLE ☐ Change Addition SLEBI, CARLOS YIDI NAME ORTIZ, MICHAEL STREET ADORESS 6942 N.W. 50TH ST. STREET ADDRESS 2121 Ponce de Leon Blvd, #330 CITY-ST-ZIP MIAMI, FL CITY-ST-7IP Coral Gables, FL 33134 DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUINTERO, ANDRES YIDI NAME NAME STREET ADORESS 6942 N.W. 50TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change ■ Addition QUINTERO, CARLOS YIDI NAME NAME 6942 N.W. 50TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUINTERO, WILLIAM YIDI NAME NAME STREET ADDRESS 6942 N.W. 50TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE TIFLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED Mar 11, 2008 8:00 am