

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L42509

1. Entity Name
FLORENCIA USA, INC.



Principal Place of Business
1450 MADRUGA AVENUE
SUITE 200
CORAL GABLES, FL 33146 US

Mailing Address
P.O. BOX 141996
CORAL GABLES, FL 33114 US

DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0185297

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA HOZ JOSE
1450 MADRUGA AVENUE
SUITE 200
CORAL GABLES, FL 33146

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME DE LA HOZ, JOSE M.
STREET ADDRESS 1450 MADRUGA AVENUE, STE. 200
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME DE LA HOZ, JOSE M.
STREET ADDRESS 1450 MADRUGA AVENUE, STE. 200
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VP
NAME DE LA HOZ, JOSE J
STREET ADDRESS 1450 MADRUGA AVENUE, STE. 200
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME DE LA HOZ, JOSE J
STREET ADDRESS 1450 MADRUGA AVENUE, STE. 200
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000527277
05/04/06-80104-025 150.00

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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 M. DE LA HOZ

4/18/06

Date

305-662-6233

Daytime Phone #