


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # L42509</b> 1. Entity Name FLORENCIA USA, INC.	
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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
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04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0185297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

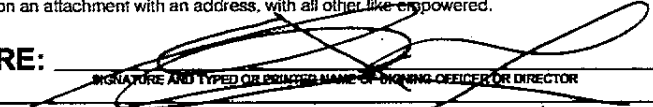
**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

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	

**DO NOT WRITE IN THIS SPACE**

U00000527277  
 05/04/06-80104-025 150.00

**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:**  **4/18/06** **305-662-6233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jose M. DE LA HOZ