


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L42509 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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04242007 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"/> \$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

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

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05/18/07-80026-019 150.00

**DO NOT WRITE
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: 

4/27/07 305-662-6233