2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55077

Entity Name: CALOI USA INC.

TRAD, RAYMOND JR

AV GUIDO CLOI 1331

SAO PAULO, BR 05802140

Name:

Address:

City-St-Zip:

FILED May 24, 2007 Secretary of State

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Current P	rincipal Place o	of Business:	New Princ	New Principal Place of Business:		
	TRIAL LOOP PARK, FL 3207	73 US				
Current M	lailing Address	::	New Maili	New Mailing Address:		
	TRIAL LOOP PARK, FL 3207	73 US				
FEI Number	: 59-2997919	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	l Address of Cι	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ORANGE	TRIAL LOOP N. PARK, FL 3207				d office an acciptored arount or both	
	named entity sue of Florida.	ubmits this statement for the	purpose of changing i	s registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	c Signature of Registered A	gent	Date		
		(2)(b), F.S., the corporation did i Trust Fund Contribution ().	not receive the prior notic	e.		
	S AND DIRECT	` '	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (X) I BANDEIRA, MAR AV GUIDO CALO SAO PAULO, BR	ol 1331	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E CARTER, ANDRE 90 INDUSTRIAL I ORANGE PARK,	LOOP N.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E MUSA, EDUARDO AV GUIDO CALO SAO PAULO, BR	ol 1331	Title: Name: Address: City-St-Zip:		(X) Change () Addition ARDO DES UNIDAS 11.857 15OANDAR o, BR 04578-000	
Title:	D ()	Delete	Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

TRAD, RAYMOND JR

SAO PAULO, BR 04578-000

AV DA NACOES UNIDAS 11.857 150ANDAR

SIGNATURE: ANDREW CARTER S 05/24/2007