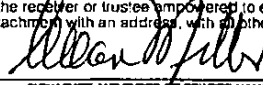


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 048 ***150.00

DOCUMENT # L68597			
1. Entity Name M.I.A. HOLDINGS USA, INC.			
Principal Place of Business 3107 STIRLING ROAD SUITE 308 FT. LAUDERDALE, FL 33312 US		Mailing Address 3107 STIRLING ROAD SUITE 308 FT. LAUDERDALE, FL 33312 US	
2. Principal Place of Business - No P.O. Box # 1912 SOUTH OCEAN DRIVE		3. Mailing Address 1912 SOUTH OCEAN DRIVE	
Suite, Apt. #, etc. APT# 20-A		Suite, Apt. #, etc. APT# 20-A	
City & State HALLANDALE FL.		City & State HALLANDALE, FL.	
Zip 33009-7920	Country U.S.A	Zip 33009-7920	Country U.S.A
4. FEI Number 65-0196417		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FRIEDMAN, KENNETH A. ESQ 3107 STIRLING ROAD, SUITE 308 FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reconstituting) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MILLER, ALLAN 1912 S OCEAN DR APT 20-A HALLANDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 another like empowered.			
SIGNATURE:  ALLAN MILLER		APRIL-2-2007 954-458-3435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	