

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000843

FILED
Apr 02, 2008
Secretary of State

Entity Name: FUNDAMIRA U.S.A., INC.

Current Principal Place of Business:

1391 CAMELLIA CIRCLE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1391 CAMELLIA CIRCLE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-4298083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORREDOR, BEATRIZ
1391 CAMELLIA CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CORREDOR, BEATRIZ
Address: 1391 CAMELLIA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: VICE () Delete
Name: DELGADO, MARIA C
Address: 1845 NW 139 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: CORREDOR, LIGIA
Address: 16417 SAPPHERE BEND
City-St-Zip: WESTON, FL 33331

Title: TRES () Delete
Name: GUZMAN-OCCHOA, MARIA E
Address: 2025 SACRAMENTO
City-St-Zip: WESTON, FL 33326

Title: MEMB () Delete
Name: RESTREPO, JUAN J
Address: 467 SILVER PALM WAY
City-St-Zip: WESTON, FL 33327

Title: MEMB () Delete
Name: OLANO, JUAN C
Address: 15053 SW 40 ST
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ CORREDOR

PRE

04/02/2008

Electronic Signature of Signing Officer or Director

Date