## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N06000011582

SAN ÍGNACIO USA, INC.



						1000	18.35					
15758 NW 10TH STREET 1				Mailing Address 15758 NW 10TH STREET PEMBROKE PINES, FL 33028						IIORI DITTI KEKE AIT	<b>                                   </b>	
2. Principal Place of Business - No P.O. Box # 3.				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04112008 Ct	ng-NP	CR2E	037 (12/06)	
City & State			City & State				4. FEI Number	3-046	769	a Ap	plied For Applicable	
Zip Country			Zip		untry		5. Certificate of St			\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registere	d Agent				7. Name and Add	ress of New Re	egistered	Agent	
						Name		<del>.</del>				
BOSTELMANN, GUNTER 15758 NW 10TH STREET PEMBROKE PINES, FL 33028						Street Address (P.O. Box Number is Not Acceptable)						
						City Zip Code						
						City				F		3
	ions of regist								the State of Flo			and accept
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	; Registere	ed Agent signatu	re required	d when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				Election Campaign Financing     Trust Fund Contribution.				\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10. OFFICERS AND DIRECT							ADDITIONS/CHANG	ES TO OFFICER	RS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15758 NV	IANN, GUNTER / 10TH STREET KE PINES, FL 33028		☐ Delete		I					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANTONIO 1091 GOLDEN CANE DR. WESTON, FL. 33327			☐ Delete	Delete 11TLE NAME STREET CITY-SI						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	FIDEL CUTLER ROAD ABLES, FL 33143		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUERREVERE, GONZALO 4412 NW 97TH CT DORAL, FL 33178			☐ Delete	TITLE NAME STREET AL CITY-ST-						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2104 NE 4	CARLOS M 4TH STREET USE POINT, FL 33064	1	□ Delete							□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							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 617, 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Daving Proces.

**FILED** 

Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90020 002 \*\*\*\*61.25