

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # N50122

1. Entity Name
EXPONICA-USA INC.



Principal Place of Business
**8181 NW 36TH STREET
1011
MIAMI, FL 33166**

Mailing Address
**7700 SW 67TH TERR
MIAMI, FL 33143**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0413271

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ, ALBERTO
7700 SW 67TH TERR
MIAMI, FL 33143**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIGROYEN, SONIA 10010 NW 97TH CIR. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, ROSA 7700 SW 97TH TERR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ARROYO, EDUARDO 11025 SW 6TH ST. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIMENEZ, ALBERTO 8181 NW 36TH, STE. 1011 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000350311
05/02/05-80100-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 (305) 392-9911