

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N50122 1. Entity Name EXPONICA-USA INC.	
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Principal Place of Business 8181 NW 36TH STREET # 1011 MIAMI, FL 33166	Mailing Address 7700 SW 67TH TERR MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0413271	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

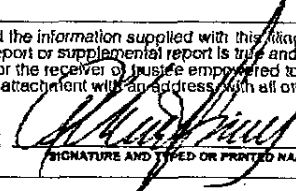
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000540648
05/10/06-80025-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO IRIGOYEN, SONIA 10010 NW 97TH CIR. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, ROSA 7700 SW 67TH 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	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #