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.

Principal Place of Business	Mailing Address
8181 NW 36TH STREET # 1011 MIAMI, FL 33166	7700 SW 67TH TERR MIAMI, FL 33143

04262006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000510648
05/10/06-80025-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IRIGOYEN, SONIA
STREET ADDRESS	10010 NW 97TH CIR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	JIMENEZ, ROSA
STREET ADDRESS	7700 SW 67TH TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	ED
NAME	ARROYO, EDUARDO
STREET ADDRESS	11025 SW 6TH ST.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	TD
NAME	JIMENEZ, ALBERTO
STREET ADDRESS	8181 NW 36TH, STE. 1011
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #