

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046149

Entity Name: REUSCA ENTERPRISES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

18501 PINES BLVD.  
SUITE 201  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

18501 PINES BLVD.  
SUITE 201  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 59-3645299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, JAMES S  
411 WALNUT ST  
BOX 1125  
GREEN COVE SPRING, FL 32043 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DI MELLA MAFFEI, ROCCO  
Address: CALLE CARABOBO #46  
City-St-Zip: PTO LA CRUZ, AZ 6023 VE

Title: VD ( ) Delete  
Name: DI MELLA, ARCANGELO H  
Address: 18501 PINES BLVD. #201  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S ( ) Delete  
Name: PIREZ, DANIEL H  
Address: AVDA. MUNICIPAL #176  
City-St-Zip: PTO LA CRUZ, AZ 6023 VE

Title: T ( ) Delete  
Name: REYES MARCANO, JOSE  
Address: AVDA. MUNICIPAL #176  
City-St-Zip: PTO LA CRUZ, AZ 6023 VE

Title: GENM ( ) Delete  
Name: HALL, JAMES S  
Address: AVDA. CONSTITUCION #11 APT. PH-2  
City-St-Zip: PTO LA CRUZ, AZ 6023 VE

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

SIGNATURE: DI MELLA ARCANGELO

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date