## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000051197

Entity Name: EGAL USA, CORP.

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1941 HARBOR VIEW CIRCLE 1800 S. OCEAN DR

WESTON, FL 33327 #1901

HALLANDALE, FL 33009

**Current Mailing Address: New Mailing Address:** 

1941 HARBOR VIEW CIRCLE 1800 S. OCEAN DR

WESTON, FL 33327 #1901

HALLANDALE, FL 33009

FEI Number: 65-1014496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTANO, ALEJANDRO CASTANO, ALEJANDRO 1941 HARBOR VIEW CIRCLE 1800 S. OCEAN DR #1901

WESTON, FL 33327

HALLANDALE, FL 33009 US

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: AC 04/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete CASTANO, ALEJANDRO Name:

1941 HARBOR VIEW CIRCLE Address:

City-St-Zip: WESTON, FL 33327

( ) Delete Title: Name: VILLEGAS, MARIA PATRICIA 1941 HARBOR VIEW CIRCLE Address: WESTON, FL 33327 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition CASTANO, ALEJANDRO Name: 1800 S. OCEAN DR #1901

Address: City-St-Zip: HALLANDALE, FL 33009

Title: (X) Change ( ) Addition Name: VILLEGAS, MARIA PATRICIA Address: 1800 S. OCEAN DR #1901 HALLANDALE, FL 33009 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: AC DP 04/13/2009