2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116052

FILED Apr 30, 2012 Secretary of State

Entity Name: SERVICIO INTEGRAL VENEZUELA U.S.A. CORP.

| Current Dringing Disease Programs | | New Principal Place of Business: | | |
|--|---------------------------------|----------------------------------|---|--|
| Current Principal Place of Business: | | New Fillicipal Flace o | Dusilless. | |
| 921 SW 131 WAY DAVIE, FL 33325 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 921 SW 131 WAY DAVIE, FL 33325 | | | | |
| FEI Number: 65-1057666 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of C | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| GEORGE CHERNOFF & 11890 SW 8 STREET SUITE 500 MIAMI, FL 33184 US | ASSOCIATES, P.A. | | | |
| 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: | | | | |
| Electron | ic Signature of Registered Ager | nt | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: GAMEZ, MARITZA Address: 921 SW 131 WAY City-St-Zip: DAVIE, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: MARITZA GAMEZ PRES 04/30/2012