

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014335

FILED
Jan 25, 2007
Secretary of State

Entity Name: DEA U.S.A., INC.

Current Principal Place of Business:

6043 N.W. 167TH STREET
A-21
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6043 N.W. 167TH STREET
A-21
MIAMI, FL 33015 US

New Mailing Address:

FEI Number: 65-1081188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1548 BRICKELL AVENUE
MIAMI, FL 33129 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: T () Delete
Name: MANTELLASSI, THOMAS
Address: VIA STATALE 659/A
City-St-Zip: QUARRATE, PT 51039 IT

Title: VP () Delete
Name: MANTELLASSI, MARCO
Address: VIA STATALE 659/A
City-St-Zip: QUARRATE, PT 51039 IT

Title: D,P () Delete
Name: BERINI, SABRINA
Address: VIA STATALE 659/A
City-St-Zip: QUARRATE, PT 51039 IT

Title: S () Delete
Name: BERINI, EMANUELE
Address: VIA STATALE 659/A
City-St-Zip: QUARRATE, PT 51039 IT

Title: VP () Delete
Name: MANTELLASSI, CRISTINA
Address: VIA STATALE 659/A
City-St-Zip: QUARRATE, PT 51039 IT

Title: AS () Delete
Name: GASPERINA MONTIN, KATIA A
Address: 1548 BRICKELL AVE.
City-St-Zip: MIAMI, FL 331291210 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FIONA SIMON

_____ Electronic Signature of Signing Officer or Director

MANA

01/25/2007

_____ Date