2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08
Secretary of S

DOCUMENT # P01000019132

1. Entity Name
PASWAG USA, INC.

Principal Place of Business	Mailing Address
1172 S DIXIE HWY, STE 525 MIAMI, FL 33146-2918	4474 WESTON ROAD #184 DAVIE, FL 33331

DO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1077375

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGUDO, MARCELO M
601 BRICKELL KEY DR, STE 801
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASTORINO, CLAUDIO JOSE
STREET ADDRESS	1172 S DIXIE HWY, STE 525
CITY-ST-ZIP	MIAMI, FL 331462918
TITLE	D
NAME	DELGADO, ARTURO
STREET ADDRESS	1172 S DIXIE HWY, STE 525
CITY-ST-ZIP	MIAMI, FL 331462918
TITLE	D
NAME	VERASTEGUI, ROMINA
STREET ADDRESS	1172 S DIXIE HWY, STE 525
CITY-ST-ZIP	MIAMI, FL 331462918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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: Director CLAUDIO JOSE PASTORINO 03/09/2008 51-1-94135660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #