## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066347

Entity Name: LITHOBINDER USA CORP.

FILED Apr 29, 2008 Secretary of State

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

4202 W. WATERS AVE. 4611 N HALE AV SUITE 5 SUITE B

SUITE 5 SUITE B
TAMPA, FL 33614 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4202 W. WATERS AVE. 4611 N HALE AV SUITE 5 SUITE B

TAMPA, FL 33614 US TAMPA, FL 33614 US

FEI Number: 59-3735780 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:

SIGFRIDO, JIMENEZ
4202 W. WATERS AVE.
SUITE 5
TAMPA, FL 33614 US
SIGFRIDO, JIMENEZ
3252 LAUREL DALE DR
TAMPA, FL 33618 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: SIGFRIDO JIMENEZ 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: LITHOBINDER C.A.,
Address: ESQUINA PICHINCHA ANTIGUO CINE EL DORADO
City-St-Zip: SAN AGUSTIN, CARACAS, DF VZ

Name: JIMENEZ, SIGFRIDO R
Address: 3252 LAUREL DALE DR
City-St-Zip: TAMPA, FL 33618 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition
Name: JIMENEZ SIGERIDO R Name: JIMENEZ CRISTINA M

 Name:
 JIMENEZ, SIGFRIDO R
 Name:
 JIMENEZ, CRISTINA M

 Address:
 4202 W. WATERS AVE STE 5
 Address:
 3252 LAUREL DALE DR

 City-St-Zip:
 TAMPA, FL 33614 US
 City-St-Zip:
 TAMPA, FL 33618 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 JIMENEZ, CRISTINA M
 Name:

 Address:
 4202 W. WATERS AVE STE 5
 Address:

 City-St-Zip:
 TAMPA, FL 33614 US
 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: SIGFRIDO R JIMENEZ D 04/29/2008