

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080874

Entity Name: DAABON ORGANIC U.S.A. INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1110 BRICKELL AVENUE  
204  
MIAMI, FL 33131

**New Principal Place of Business:**

1110 BRICKELL AVENUE  
204  
MIAMI, FL 33131

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 65-1132372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PRATS FERNANDEZ & CO  
2121 PONCE DE LEON BLVD SUITE 240  
CORAL GABLES, FL 33134 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: PSD ( ) Delete  
Name: DAVILA, ALBERTO  
Address: 1110 BRICKELL AVENUE STE 204  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: DAVILA, ROSA PAULINA  
Address: 1110 BRICKELL AVENUE STE 204  
City-St-Zip: MIAMI, FL 33131

Title: VTD ( ) Delete  
Name: ESPINOSA, SERGIO  
Address: 1110 BRICKELL AVENUE STE 204  
City-St-Zip: MIAMI, FL 33131

**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:

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: ALBERTO DAVILA

PSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date