2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P01000103892** DARO USA CORPORATION Principal Place of Business Mailing Address 1150 NW 72ND AVE., # 555 12390 QUAIL ROOST DRIVE MIAMI, FL 33177 MIAMI, FL 33126 US CR2E034 (11/05) 01192008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1148097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ALVAREZ, DANIEL **5670 NW 116TH AVENUE** IN THIS SPACE #216 MIAMI, FL 33178 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE 18 \$150.00 (After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE NAME ALVAREZ, DANIEL 12390 QUAIL ROOST DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 TITLE U00000883359 04/16/08-80076-025 150.00 NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITS F NAME STREET ADDRESS C1TY-ST-7/2 TITLE NAME

filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. I hereby certify that the information applied will indicated on this report or supplemental report of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET AODRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daytoma Phone #