

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90063 026 ***150.00

DOCUMENT # P02000001114					
1. Entity Name DISTAL USA, INC.					
Principal Place of Business 19801 E COUNTRY CLUB DRIVE #403 AVENTURA, FL 33180			Mailing Address 19801 E COUNTRY CLUB DRIVE #403 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 20355 N.E 34 th Ct Suite, Apt. #, etc. # 2022 City & State Miami FL Zip 33180 Country USA		3. Mailing Address 20355 N.E 34 th Ct Suite, Apt. #, etc. # 2022 City & State Miami FL Zip 33180 Country USA		40048351 	
4. FEI Number 60-0001765				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02132007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BODIN, GLORIA ROA 2655 LEJEUNE ROAD SUITE 1001 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TELIA, JULIAN 19801 E COUNTRY CLUB DRIVE #305 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20355 N.E 34 th Court #2022 Miami FL, 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DE TELIAS, PERLA ZELIKZON 19801 E COUNTRY CLUB DRIVE #305 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20355 N.E 34 th Court #2022 Miami FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			Julian Telias 3/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT

45248351

#PO2000001114

Please.

Update our

address.

Thank You

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