

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90369 045 ***158.75

DOCUMENT # P02000019305
 1. Entity Name
VIALET USA CORP



Principal Place of Business
 19307 S.W. 65TH ST.
 PEMBROKE PINES, FL 33332

Mailing Address
 19307 S.W. 65TH ST.
 PEMBROKE PINES, FL 33332

40074110



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4489053	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ORLANDO M
 19307 S.W. 65TH ST.
 PEMBROKE PINES, FL 33332

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, ORLANDO M 19307 S.W. 65TH ST. PEMBROKE PINES, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINO, ILEANA L 19307 S.W. 65TH ST. PEMBROKE PINES, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANCHEZ, DANIEL A 19307 S.W. 65TH ST. PEMBROKE PINES, FL 33332
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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: Orlando Sanchez 04/25/06 786-426-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #