

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050372

Entity Name: ARCHIE'S USA, INC.

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

717 PONCE DE LEON BLVD  
SUITE 212  
CORAL GABLES, FL 33134

## New Principal Place of Business:

7275 NW 12 STREET  
MIAMI, FL 33126

## Current Mailing Address:

717 PONCE DE LEON BLVD  
SUITE 212  
CORAL GABLES, FL 33134

## New Mailing Address:

7275 NW 12 STREET  
MIAMI, FL 33126

FEI Number: 03-0443581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ-SARMIENTO, GABRIEL S CPA  
1985 NW 88 CT, #201  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

IGNACIO, MALDONADO  
7275 NW 12 STREET  
MIAMI, FL 33126 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: IGNACIO MALDONADO

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RESTREPO, DIANA  
Address: CARRERA 56 BIS #79-39  
City-St-Zip: BOGOTA, FC 00000 CO

Title: VPD (X) Delete  
Name: HERNANDEZ, ALEJANDRO  
Address: 717 PONCE DE LEON BLVD, #212  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DIANA RESTREPO

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date