

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000079265			
1. Entity Name STEREOCARTO USA INC.			
Principal Place of Business 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3253144		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131		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	DP GOMEZ, ALFONSO DR. 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000767110 07/06/07-80001-002 550 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOMEZ-AGUADO, MIGUEL A ENG. 520 BRICKELL KEY DR STE O-350 MIAMI, FL 33131 ☐ 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
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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: ALFONSO GOMEZ JOLINA		Date: 7/05/2007	

 **STEREOCARTO, S.L.**
FOTOGRAFIERIA DIGITAL
PASEO DE LA HABANA, 200 - 28036 MADRID
TEL. 91 343 19 40 - FAX: 91 343 19 41

 MIGUEL ANGEL GOMEZ AGUADO