

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087087

FILED  
Feb 24, 2007  
Secretary of State

Entity Name: RELYC USA CORP.

## Current Principal Place of Business:

5767 NW 151 STREET  
D  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

5683 STRAND CT  
6-A  
NAPLES, FL 34110

## Current Mailing Address:

5683 STRAND CT  
SUITE 5  
NAPLES, FL 34110

## New Mailing Address:

5683 STRAND CT  
SUITE 6-A  
NAPLES, FL 34110

FEI Number: 73-1658189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, ROBERTO E  
5767 NE 151 STREET  
D  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

LEON, ROBERTO E  
5683 STRAND CT  
6-A  
NAPLES, FL 34110 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:

02/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MELVILLE, CLAUDIA M  
Address: 5767 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: V ( ) Delete  
Name: LEON, WILMER J  
Address: 5767 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: S ( ) Delete  
Name: LEON, ROBERTO E  
Address: 5767 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MELVILLE, CLAUDIA M  
Address: 5683 STRAND CT  
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change ( ) Addition  
Name: LEON, WILMER J  
Address: 5683 STRAND CT  
City-St-Zip: NAPLES, FL 34120

Title: DS (X) Change ( ) Addition  
Name: LEON, ROBERTO E  
Address: 5683 STRAND CT  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO E LEON

S

02/24/2007

Electronic Signature of Signing Officer or Director

Date