2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101756

Entity Name: BULLRICH U.S.A., INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

444 BRICKELL AVE SUITE 828

MIAMI, FL 33131 US

Current Mailing Address: New Mailing Address:

444 BRICKELL AVE SUITE 828 MIAMI, FL 33131 US

FEI Number: 55-0803297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAZZONI, FERNANDO D

444 BRICKELL AVENUE

SUITE 828

MIAMI, FL 33131 US

ZANOTTI, GRACIELA M

444 BRICKELL AVENUE

SUITE 828

MIAMI, FL 33131 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: GRACIELA ZANOTTI 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MAZZONI, FERNANDO
 Name:
 ZANOTTI, GRACIELA

Address: 615 NE 22ND ST # 1002 Address: 444 BRICKELL AVE # 828 City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete Title: () Change () Addition

 Name:
 LEDO, ROBERTO
 Name:

 Address:
 444 BRICKELL AVE # 828
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

Title: VPD () Delete Title: S (X) Change () Addition Name: ZANOTTI, GRACIELA M Name: AZPIROZ COSTA, JOSE

 Name:
 ZANOTTI, GRACIELA M
 Name:
 AZPIROZ COSTA, JOSE

 Address:
 275 18 NE 18 STREET # 1710
 Address:
 444 BRICKELL AVE # 828

 City-St-Zip:
 MIAMI, FL 33132 US
 City-St-Zip:
 MIAMI, FL 33131

Title: S (X) Delete Title: () Change () Addition

 Name:
 AZPIROZ COSTA, JOSE
 Name:

 Address:
 444 BRICKELL AVE # 828
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 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: GRACIELA ZANOTTI PD 04/23/2009