2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104614

Address:

City-St-Zip:

801 BRICKELL KEY BLVD #1607

MIAMI, FL 331313717

Entity Name: GARIC USA CORPORATION

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
801 BRICKELL KEY BLVD				801 BRICKELL KEY BLVD	
#1607 MIAMI, FL 331313717			#1607 MIAMI, FL 3313	#1607 MIAMI, FL 331313717 US	
Current M	ailing Addre	ss:	New Mailing A	New Mailing Address:	
354 SEVILLA AVENUE CORAL GABLES, FL 331346615			#1607	801 BRICKELL KEY BLVD #1607 MIAMI, FL 331313717 US	
FEI Number:	20-1388828	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
354 SEVIL 354 SEVIL	JAIME A C.P./ LA AVENUE LA AVENUE ABLES, FL 33		354 SEVILLA AV	SUAREZ, JAIME A C.P.A 354 SEVILLA AVENUE CORAL GABLES, FL 331346615 US	
	named entity e of Florida.	submits this statement for the	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE:				04/06/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FREITAG, ERI	. KEY BLVD #1607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREITAG, JUA	. KEY BLVD #1607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (FREITAG. JUL) Delete IA D V M D	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUAN P. FREITAG D 04/06/2009