

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90073 016 \*\*\*150.00

**DOCUMENT # P02000109151**

1. Entity Name  
**ROTUVIAL USA, INC.**



Principal Place of Business

**COALLEN & GALEGO**  
**601 BRICKELL KEY DR STE 805**  
**MIAMI, FL 33131**

Mailing Address

**COALLEN & GALEGO**  
**601 BRICKELL KEY DR STE 805**  
**MIAMI, FL 33131**

64010000



2. Principal Place of Business  
**1441 Brickell Avenue**

3. Mailing Address  
**1441 Brickell Avenue**

Suite, Apt. #, etc.  
**Suite 1014**

Suite, Apt. #, etc.  
**Suite 1014**

07272004 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number

**42-1562142**

Applied For

Not Applicable

Zip  
**33131**

Country

Zip  
**33131**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO**  
**601 BRICKELL KEY DR, STE 805**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Robert Allen Law**

Street Address (P.O. Box Number is Not Acceptable)  
**1441 Brickell Avenue**

**Suite 1014**

City

**Miami**

**FL**

Zip Code  
**33131**

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

By: **Robert N. Allen, Jr., President**

**8/10/04**  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**ESCAMILLA, CARLOS**  
**601 BRICKELL KEY DR #805**  
**MIAMI, FL 33131** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD**  
**DUGUTE, ALEJANDRO**  
**601 BRICKELL KEY DR #805**  
**MIAMI, FL 33131** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SS**  
**ALLEN, ROBERT N JR**  
**601 BRICKELL KEY DR #805**  
**MIAMI, FL 33131** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP T D**  
**Escamilla, Carlos**  
**1441 Brickell Avenue, Ste 1014**  
**Miami, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P S D**  
**Duarte, Alejandro**  
**1441 Brickell Avenue, Ste 1014**  
**Miami, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SS**  
**Allen, Robert N. Jr.**  
**1441 Brickell Avenue, Ste 1014**  
**Miami, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert N. Allen Jr**

Date

Daytime Phone #

**8/10/04**

**305-372-3300**