2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012157

City-St-Zip:

SUNNY ISLAND, FL 33160

FILED May 04, 2007 Secretary of State

Entity Nar	me: IKIRA TO	DURS USA, I	NC.					
Current Principal Place of Business:					New Principal Place of Business:			
501 BRICKELL KEY DRIVE, SUITE 400 MIAMI, FL 33131					17600 COLLINS AVENUE SUNNY ISLES, FL 33160			
Current Mailing Address:					New Mailing Address:			
501 BRICKELL KEY DRIVE, SUITE 400 MIAMI, FL 33131					17600 COLLINS AVENUE SUNNY ISLES, FL 33131			
FEI Number:	: 90-0062453	FEI Numbe	r Applied For()	FEI Numb	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
GONZALEZ, HELENA 17600 COLLINS AVE NORTH MIAMI BEACH, FL 33160 US				1	GONZALEZ, HELENA 17600 COLLINS AVE SUNNY ISLES, FL 33160 US			
	named entity of Florida.	submits this	statement for the pu	urpose of o	changing its registe	ered office or registered agent, or b	ooth,	
SIGNATURE: GONZALEZ HELENA					05/04/2007			
	Electro	nic Signature	of Registered Ager	nt		Date		
			he corporation did not Contribution ().	receive the	prior notice.			
OFFICERS AND DIRECTORS:				£	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (DE ALVAREZ, 17600 COLLIN SUNNY ISLAN	IS AVE		N A	ïtle: lame: .ddress: city-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (GONZALEZ, H 17600 COLLIN SUNNY ISLAN	IS AVE		N A	iitle: lame: .ddress: city-St-Zip:	() Change () Addition		
Title: Name: Address:	D (ALVAREZ, JO: 17600 COLLIN			N	itle: lame: .ddress:	() 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.

City-St-Zip:

SIGNATURE: DE ALVAREZ MORELBA D 05/04/2007