## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 13, 2008 08:00 A **DOCUMENT # P03000036102** Secretary of State 1. Entity Name MARÍCEL USA, INC. Principal Place of Business Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE SUITE 830 SUITE 830 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (11/05) 01242008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0113548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ADWAR, RENEE ESQ 848 BRICKELL AVENUE SUITE 830 IN THIS SPACE MIAMI, FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ADWAR, RENEE ESQ NAME STREET ADDRESS 848 BRICKELL AVE., SUITE 830 MIAMI, FL 33131 CITY-ST-ZIP 000000856142 03/27/08-80078-019 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 of 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYP