2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049705

Entity Name: ALAMEDA INVESTMENTS USA, CORP.

IZAGUIRRE DOWNING, DANIELA

NORTH MIAMI BEACH, FL 33179

1633 N.E. 196 STREET

Name:

Address:

City-St-Zip:

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1633 N.E. 196 STREET NORTH MIAMI BEACH, FL 33179 **Current Mailing Address: New Mailing Address:** C/O PABLO IZAGUIRRE - CCS 9262 P.O. BOX 025323 MIAMI, FL 33102 US FEI Number: 57-1168857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALVEZ-PRIEGO, JORGE ESQ. 2655 LE JEUNE ROAD SUITE 309 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition IZAGUIRRE PORRAS, PABLO A Name: Name: 1633 N.E. 196 STREET Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: Title: VP,T Title: () Delete () Change () Addition Name: DE IZAGUIRRE, KATHLEEN Name: 1633 N.E. 196 STREET Address: Address: NORTH MIAMI BEACH, FL 33179 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition IZAGUIRRE DOWNING, PABLO E Name: Name: 1633 N F 196 STREET Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PABLO A. IZAGUIRRE P 02/05/2007