

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051780

Entity Name: I. DE. AS. - USA, INC.

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

7825 NW 29ST STE 121  
MIAMI, FL 33184

**New Principal Place of Business:**

7825 NW 29 ST STE 121  
MIAMI, FL 33184

**Current Mailing Address:**

435 SW 123 AVE  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 51-0484652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORBO-RODRIGUEZ, CARMEN  
435 SW 123 AVE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: FOUQUET, ERMINIO G  
Address: 2BLOQUE D 1A 2DA 08150-SANT CUGAT DEL VALL  
City-St-Zip: ES, ESPANA, BARCELONA, SP ESPANA SP

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FOUQUET, ERMINIO G  
Address: CTRA DE RUBI 90- 100 1 D 6 - 8  
City-St-Zip: 08190 SANT CUGAT DEL VALLES, SP BARCELONA SP

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.

SIGNATURE: ERMINIO FOUQUET

P

04/28/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date