

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070763

Entity Name: NOSTROS USA, INC.

FILED
Jan 14, 2007
Secretary of State

Current Principal Place of Business:

791 CRANDON BOULEVARD
PH-4
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

791 CRANDON BOULEVARD
PH-4
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ LARROY, RAMIRO
791 CRANDON BOULEVARD
PH-4
KEY BISCAYNE, FL 33149 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: P () Delete
Name: ALVAREZ, NORBERTO O
Address: 791 CRANDON BOULEVARD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: VITALE DE ALVAREZ, SUSANA B
Address: 791 CRANDON BOULEVARD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALVAREZ VITALE, NORBERTO
Address: 791 CRANDON BOULEVARD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALVAREZ VITALE, MARIA S
Address: 791 CRANDON BOULEVARD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ST () Delete
Name: ALVAREZ VITALE, MARIA E
Address: 791 CRANDON BOULEVARD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARIA E ALVAREZ VITALE

ST

01/14/2007

Electronic Signature of Signing Officer or Director

Date