2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078516

Entity Name: BONANZA USA, CORP.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6966 NW 116 CT 10773 NW 58 ST DORAL, FL 33178 US MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

10773 NW 58TH ST PMB 123 DORAL, FL 33178 US

FEI Number: 76-0742390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LA RIVA, HERSON MR 10773 NW 58TH ST PMB 123 DORAL, FL 33178 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.

Title:

Name:

Address:

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition LA RIVA, HERSON A MR. LA RIVA, HERSON A MR. Name: 6966 NW 116 CT 10773 NW 58 ST PMB 123 Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: MIAMI, FL 33178 US

Title: VΡ Title: VΡ (X) Change () Addition () Delete

RUVOLO, MARIA D MS. RUVOLO, MARIA D MS. Name: Name: 6966 NW 116 CT 10773 NW 58 ST PMB 123 Address: Address: **DORAL, FL 33178 US** MIAMI, FL 33178 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: GM GM

LA RIVA, AURYS J MS Name: LA RIVA, AURYS J MS Name: 6966 NW 116 CT 10773 NW 58 ST PMB 123 Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: MIAMI, FL 33178 US

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.

Ρ SIGNATURE: HERSON LA RIVA 03/23/2009