


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90040 004 \*\*\*150.00

<b>DOCUMENT # P03000087667</b> 1. Entity Name <b>REMACELL USA, CORPORATION</b>					
Principal Place of Business <b>2616 NW 97 AVE MIAMI, FL 33172</b>			Mailing Address <b>2616 NW 97 AVE MIAMI, FL 33172</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>03-0525360</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COMES CABRAL JOSE BLAS 6630 NW 114TH AVE APT 1531 MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name <b>Jose Blas Gomes Cabral</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOMEZ CABRAL, JOSE B 6630 NW 114 AVE APT 1531 DORAL, FL 33178</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSE BLAS GOMES CABRAL 6630 NW 114 AVE Apt 1531 Doral, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement is true and accurate 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 or person 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 affidavit, with all other like empowered.					
<b>SIGNATURE:</b> _____			<b>01/17/08 (305) 468-8228</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		