


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90114 009 ***150.00

DOCUMENT # P03000095703						
1. Entity Name PILVCSA USA, INC.						
Principal Place of Business 18090 COLLINS AVE - SUITE #179 NORTH MIAMI BEACH, FL 33160			Mailing Address 18090 COLLINS AVE - SUITE #179 NORTH MIAMI BEACH, FL 33160			
2. Principal Place of Business		3. Mailing Address 2400 SW 83 AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State MIAMI FL				
Zip	Country	Zip 33155	Country DASE	4. FEI Number 20-0377631		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
FLOREZ, RAMON 18090 COLLINS AVE - SUITE #179 NORTH MIAMI BEACH, FL 33160			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME ESPINOSA, GERMAN		<input type="checkbox"/> Delete	TITLE D	NAME ESPINOSA, SIMON	
STREET ADDRESS 100 W. CYPRESS CREEK RD., STE. 700	FT. LAUDERDALE, FL 33309		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 100 W. CYPRESS CREEK RD. STE 700	FL. LAUDERDALE FL 33309	
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
TITLE D	NAME ESPINOSA, ROQUE		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 100 W. CYPRESS CREEK RD., STE. 700	FT. LAUDERDALE, FL 33309		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
TITLE D	NAME CORREA, LUIS M		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 100 W. CYPRESS CREEK RD., STE. 700	FT. LAUDERDALE, FL 33309		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
TITLE D	NAME HIDALGO, GUSTAVO		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 100 W. CYPRESS CREEK RD., STE. 700	FT. LAUDERDALE, FL 33309		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 		
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
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 supplemental report 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 trustee 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 address, with all other like empowered.						
SIGNATURE: X <i>Ramon Florez</i> RAMON FLOREZ 3-24-06						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date Daytime Phone #						