2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142999

Entity Name: ERCAMPO USA CORP.

Address:

City-St-Zip:

3208 CORAL LAKE DRIVE

CORAL SPRINGS, FL 33065

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3208 CORAL LAKE DRIVE CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 3208 CORAL LAKE DRIVE CORAL SPRINGS, FL 33065 FEI Number: 41-2048636 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: CAMPOVERDE, SANTIAGO 3208 CORAL LÁKE DRIVE CORAL SPRINGS, FL 33065 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCHR** () Delete () Change () Addition CAMPOVERDE AGUILAR, ANTONIO Name: Name: 3208 CORAL LAKE DRIVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: Title: () Delete () Change () Addition CAMPOVERDE, SANTIAGO P Name: Name: 3208 CORAL LAKE DRIVE Address: Address: CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CAMPOVERDE GOMEZ, ANTONIO Name: Name: 3208 CORAL LAKE DRIVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPOVERDE GOMEZ, ANDRES Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ANTONIO CAMPOVERDE PCHR 04/29/2009