


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------------|---|---|---|--|
| DOCUMENT # P04000006549 | | | |  | |
| 1. Entity Name AMERICA WHOLESALE U.S.A. CORP. | | | | | |
| Principal Place of Business 12725 SW 64TH TERR MIAMI, FL 33183 | | | Mailing Address 4303 SW 148TH AVE CT MIAMI, FL 33185 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01312007 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 55-0856362 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | |
| VELASCO, ROBERTO 12725 SW 64TH TERR MIAMI, FL 33183 | | | 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, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD | NAME VELASCO, ROBERTO | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS 12725 SW 64TH TERR | <input type="checkbox"/> Delete | | STREET ADDRESS | | |
| CITY- ST- ZIP MIAMI, FL 33183 | CITY- ST- ZIP | | CITY- ST- ZIP | | |
| TITLE ST | NAME FELIPE, MIRIAM | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS 12725 SW 64TH TERR | <input type="checkbox"/> Delete | | STREET ADDRESS | | |
| CITY- ST- ZIP MIAMI, FL 33183 | CITY- ST- ZIP | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS CITY- ST- ZIP | STREET ADDRESS | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS CITY- ST- ZIP | STREET ADDRESS | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS CITY- ST- ZIP | STREET ADDRESS | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS CITY- ST- ZIP | STREET ADDRESS | | 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: _____ <i>President</i> <i>4/18/07</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |