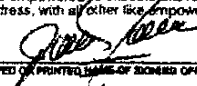


2007-03-22 18:44:07 (GMT)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90057 046 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000030839					
1. Entity Name MERCAVA USA, INC.					
Principal Place of Business 6116 SE 122 LN BELLEVUE, FL 34420			Mailing Address 6116 SE 122 LN BELLEVUE, FL 34420		
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
4. FEI Number 81-0643614			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$6.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PAVA, FABIO 6116 SE 122 LN BELLEVUE, FL 34420			7. Name and Address of New Registered Agent 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 re-registering) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PAVA, FABIO		NAME		
STREET ADDRESS	6116 SE 122 LN		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PAVA, DORALBA		NAME		
STREET ADDRESS	6116 SE 122 LN		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PAVA, MIRIAM		NAME		
STREET ADDRESS	6116 SE 122 LN		STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:  PAVA, FABIO March 15/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					