

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 032 ***150.00

DOCUMENT # P04000076108

1. Entity Name
HILASAL USA, INC.



Principal Place of Business
9050 PINES BLVD.
SUITE 364
PEMBROKE PINES, FL 33024

Mailing Address
C/O 1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

00000770



2. Principal Place of Business

3. Mailing Address

9050 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

364

03212006

Chg-P

CR2E034 (11/05)

City & State

City & State

Pembroke Pines, FL

4. FEI Number

20-1147415

Applied For

Not Applicable

Zip

Country

Zip

Country

33024

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Marcia Togores Costales

Street Address (P.O. Box Number is Not Acceptable)

9050 Pines Boulevard, Suite 364

City

Pembroke Pines

FL

Zip Code

33024

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

Marcia Togores Costales / *Marcia Togores Costales*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAGRERA B., RICARDO
STREET ADDRESS 9050 PINES BLVD., SUITE 364
CITY-ST-ZIP PEMBROKE PINES, FL 33024

☐ Delete

TITLE VT
NAME SOL, JOSE E
STREET ADDRESS 9050 PINES BLVD., SUITE 364
CITY-ST-ZIP PEMBROKE PINES, FL 33024

☐ Delete

TITLE S
NAME TOGORES, MARCY
STREET ADDRESS 9050 PINES BLVD., SUITE 364
CITY-ST-ZIP PEMBROKE PINES, FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 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:

Marcia Togores Costales / *Marcia Togores Costales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 (911) 442-5002

Date

Daytime Phone #