

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90204 017 \*\*\*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  
9050 PINES BLVD.  
SUITE 364  
PEMBROKE PINES, FL 33024

60000941



2. Principal Place of Business - No P.O. Box #  
8401 NW 53rd Terr.

3. Mailing Address  
8401 NW 53rd Terr.

Suite, Apt. #, etc.  
Suite 114

Suite, Apt. #, etc.  
Suite 114

City & State  
Doral, FL

City & State  
Doral, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1147415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

COSTALES, MARCIA T  
9050 PINES BLVD  
SUITE 364  
PEMBROKE PINES, FL 33024

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8401 NW 53rd Terr., Suite 114  
City Doral FL Zip Code 33166

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

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

(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. ☐ \$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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 8401 NW 53rd Terr., Suite 114  
CITY-ST-ZIP Doral, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 8401 NW 53rd Terr., Suite 114  
CITY-ST-ZIP Doral, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 8401 NW 53rd Terr., Suite 114  
CITY-ST-ZIP Doral, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: [Signature] / Marcy Togores 1/107 305-629-9332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #