


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000076108 1. Entity Name HILASAL USA, INC.	
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Principal Place of Business 8401 NW 53 RD TERR STE 114 DORAL, FL 33166	Mailing Address 8401 NW 53RD TERR STE 114 DORAL, FL 33166
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03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1147415	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTALES, MARCIA T
8401 NW 53RD TERR
DORAL, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAGRERA B., RICARDO 8401 NW 53RD TERR SUITE 114 PEMBROKE PINES, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SOL, JOSE E 8401 NW 53RD TERR STE 114 PEMBROKE PINES, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOGOES, MARCY 8401 NW 53RD TERR STE 114 DORAL, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/03/08-80060-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date Daytime Phone #