


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 10 PM 3:00

DOCUMENT # P04000085251					
1. Entity Name TERRAMERICA USA, INC.					
Principal Place of Business 801 BRICKELL AVE STE 2380 MIAMI, FL 33131			Mailing Address 801 BRICKELL AVE STE 2380 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL EST 801 BRICKELL AVE STE 2380 MIAMI, FL 33131					
7. Name and Address of New Registered Agent					
Name TTK SERVICE LLC					
Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE, STE. 2380					
City MIAMI					
State FL					
Zip Code 33131					
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: RAFAEL SANCHEZ-ABALLI PRESIDENT 4.21.05					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MACCHIAVELLO MORENO, RICARDO CARLOS			NAME		
STREET ADDRESS 801 BRICKELL AVE STE 2380			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SMART LIHN, JUAN SEBASTIAN			NAME		
STREET ADDRESS 801 BRICKELL AVE STE 2380			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CUADRADO HEDERRA, RAMON LUIS F			NAME		
STREET ADDRESS 801 BRICKELL AVE STE 2380			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33131			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: RAFAEL SANCHEZ-ABALLI ATTORNEY IN FACT 4.21.05 305.779.5041					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					