2006 FOR PROFIT CORPORATION

Apr 06, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000090037 04-06-2006 90028 050 ***150.00 1. Entity Name LTC USA, CORP. Principal Place of Business Mailing Address 50009801 100 S.W. 110TH AVE., UNIT 140 100 S.W. 110TH AVE., UNIT 140 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-1254421 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTERO, JUDITH/C Street Address (P.O. Box Number is Not Acceptable) 100 S.W. 110TH AVE., UNIT 140 MIAMI, FL 33174 City Zip Code FL 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ■ Addition TITLE TITLE MONTERO, JUDITH C NAME NAME STREET ADDRESS 100 S.W. 110TH AVE., UNIT 140 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition | TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED