2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 08, 2007 08:00 AN Secretary of State

1. Entity Name C-TECH USA CORP.



Principal Place of Business

910 NW 128 COURT MIAMI, FL 33182 Mailing Address

910 NW 128 COURT MIAMI, FL 33182



DO NOT WRITE IN THIS SPACE

06012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1307021

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JOSE 910 NW 128 COURT MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

the obliga	tions of registered agent.	ourpose of char	iging its registere	ac office of th	agistered agent, or oc	on, in the State of Florida. If am familiar with, and accept	
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 9. Election Cam Due by September 14, 2007 Trust Fund C			Campaign Finan nd Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ PINEYRO, CARLOS A CEIBAL 1735 APT. 203 MONTEVIDEO, URUGUAY,					U00000766058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVEZ DO SANTOS, OLGA M CEIBAL 1735 APT. 203 MONTEVIDEO, URUGUAY,	•		,	•	06/08/07-80001-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELOQUI HIRIART, HUGO E CEIBAL 1735 APT. 203 MONTEVIDEO, URUGUAY,				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				i			
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 of 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.							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR