2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108213

1. Entity Name
CIRA USA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 8:13

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD STE 507 CORAL GABLES, FL 33134	2655 LEJEUNE ROAD STE 507 CORAL GABLES, FL 33134

02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1440611
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

200097496383
04/19/07--01003--017 **6758.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE THOMAS, CIRA
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	DE URDANETA, MARIA
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD
NAME	CAMACHO, MAYELA
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	CAMACHO, MARIA C
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	DE LOPEZ, LIA
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	CAMACHO, LUIS A
STREET ADDRESS	2655 LEJEUNE ROAD STE 507
CITY-ST-ZIP	CORAL GABLES, FL 33134

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR