
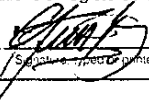
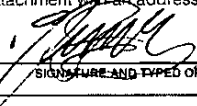


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 003 ***150.00

DOCUMENT # P04000121478 1. Entity Name SEGURA INVESTMENTS USA, CORP.					
Principal Place of Business 601 SW 37TH AVE., SUITE 503 MIAMI, FL 33135				Mailing Address 601 SW 37TH AVE., SUITE 503 MIAMI, FL 33135	
2. Principal Place of Business 875 NW 13 ST. Suite, Apt. #, etc. UNIDAD 413				3. Mailing Address 875 NW 13 ST. Suite, Apt. #, etc. UNIDAD 413	
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		4. FEI Number 20-1530544.	
Zip 33486		Country West Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGURA, JUAN CARLOS 601 SW 37TH AVE., SUITE 503 MIAMI, FL 33135				7. Name and Address of New Registered Agent Name SEGURA, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 875 NW 13 ST. UNIDAD 413 City BOCA RATON, FL Zip Code 33486	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGURA, JUAN C 601 SW 37TH AVE., SUITE 503 MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. SEGURA, JUAN C. 875 NW 13 ST. UNIDAD 413 BOCA RATON, FL. 33486.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 04/28/05 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					