


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90370 049 ***150.00

DOCUMENT # P04000121478			
1. Entity Name SEGURA INVESTMENTS USA, CORP.			
Principal Place of Business 875 NW 13 ST UNIDAD 413 BOCA RATON, FL 33486		Mailing Address 875 NW 13 ST UNIDAD 413 BOCA RATON, FL 33486	
2. Principal Place of Business <i>875 NW 13 ST</i>		3. Mailing Address <i>875 NW 13 ST</i>	
Suite, Apt. #, etc. <i>413</i>		Suite, Apt. #, etc. <i>413</i>	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33486</i>		Zip <i>33486</i>	
Country		Country	
4. FEI Number 20-1530544		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGURA, JUAN CARLOS 875 NW 13 ST, UNIDAD 413 BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name <i>Segura, Juan Carlos</i> Street Address (P.O. Box Number is Not Acceptable) <i>875 NW 13 ST #413</i> City <i>Boca Raton</i> FL Zip Code <i>33486</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 875 NW 13 ST, UNIDAD 413 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Segura, Juan Carlos</i> <i>875 NW 13 ST #413</i> <i>Boca Raton, FL 33486</i> <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
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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: <i>[Signature]</i>		Date Daytime Phone #	