

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126800

Entity Name: TEXTILE TRADE USA INC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

7225 NW 25 STREET
209
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

7225 NW 25 STREET
209
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 20-1580503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADELAIRE, JOCSAN
7225 NW 25 STREET
209
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

MADELAIRE, JOCSAN MR.
7225 NW 25 STREET
209
MIAMI, FL 33122 US

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.

SIGNATURE: JOCSAN MADELAIRE

05/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: MADELAIRE, JOCSAN
Address: 7225 NW 25 STREET SUITE 209
City-St-Zip: MIAMI, FL 33122 US

Title: VP () Delete
Name: MADELAIRE, MARIA
Address: 7225 NW 25 STREET SUITE 209
City-St-Zip: MIAMI, FL 33122 US

Title: T () Delete
Name: FUENZALIDA, PEDRO M MR.
Address: 7225 NW 25 STREET SUITE 209
City-St-Zip: MIAMI, FL 33122 US

Title: S (X) Delete
Name: CALCENA, MARIA F MS
Address: 7225 NW 25 ST SUITE 209
City-St-Zip: MIAMI, FL 33122 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MADELAIRE, MARIA MS.
Address: 7225 NW 25 STREET SUITE 209
City-St-Zip: MIAMI, FL 33122 US

Title: T (X) Change () Addition
Name: CALCENA, MARIA F MS.
Address: 7225 NW 25 ST SUITE 209
City-St-Zip: MIAMI, FL 33122 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCSAN MADELAIRE

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date