2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137390

Entity Name: LUGRA USA, CORP.

FILED Mar 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

235 RANDOM BLVD 181 CRANDON BLVD

SUITE 105

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

3818 WEST 16 AVE 3818 WEST 16 AVE

HIALEAH, FL 33012 HIALEAH, FL 33012 US

FEI Number: 20-1704215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREGNI, LUIS A

235 RANDOM BLVD, STE 3

REV BISCAVNIE EL 23140 LIS

BREGNI, LUIS A

181 CRANDON BLVD.

KEY BISCAYNE, FL 33149 US SUITE 105
KEY BISCAYNE, FL 33149 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: 03/28/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: BREGNI, LUIS A

Address: BREGNI, LUIS A

 Address:
 235 RANDOM BLVD, STE 3
 Address:
 181 CRANDON BLVD, SUITE 105

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149 US

() Delete Title: Title: (X) Change () Addition Name: GONZALEZ BARRIOS, GRACIELA M Name: GONZALEZ BARRIOS, GRACIELA M 235 RANDOM BLVD, STE 3 Address: 181 CRANDON BLVD, SUITE 105 Address: KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BREGNI, LUIS A. PD 03/28/2007