

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172391

1. Entity Name  
DISSACA USA, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 18 AM 8:21

Principal Place of Business  
2655 LE JEUNE RD SUITE 507  
CORAL GABLES, FL 33134

Mailing Address  
2655 LE JEUNE RD SUITE 507  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



02192007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SALINAS, ROBERTO  
STREET ADDRESS 2655 LE JEUNE RD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME 700097496757  
STREET ADDRESS 04/19/07--01003--017 \*\*\*6758.75  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SALINAS, JUAN  
STREET ADDRESS 2655 LE JEUNE RD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME TORRES, CARMEN  
STREET ADDRESS 2655 LE JEUNE RD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LOURO, MARIA  
STREET ADDRESS 2655 LE JEUNE RD SUITE 507  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #