

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
2008 APR 30 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000172391				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>	
1. Entity Name DISSACA USA, INC.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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: <u>Juan Vicente Urdaneta</u> Street Address (P.O. Box Number is Not Acceptable): <u>2655 Lejeune Road, Suite 507</u> City: <u>Coral Gables</u> FL <u>33134</u>		
8. The above named entity so admits 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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALINAS, ROBERTO		NAME		
STREET ADDRESS	2655 LE JEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	300129437983	
TITLE	S	<input type="checkbox"/> Delete	TITLE	05/14/08--01009--014	<input type="checkbox"/> Addition
NAME	SALINAS, JUAN		NAME		
STREET ADDRESS	2655 LE JEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRES, CARMEN		NAME		
STREET ADDRESS	2655 LE JEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOURO, MARIA		NAME		
STREET ADDRESS	2655 LE JEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officer 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 lines empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>4/22/08</u> Daytime Phone #: <u>305 728 1219</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					