


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172391						FILED 2008 APR 30 PM 1:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
Zip		Country		Zip		Country	
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> <u>FL</u> Zip Code <u>33134</u>			
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 <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 NAME STREET ADDRESS CITY-ST-ZIP	P SALINAS, ROBERTO 2655 LE JEUNE RD SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>300129437983</u> <u>05/14/08--01009--014</u> <u>\$1500.00</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALINAS, JUAN 2655 LE JEUNE RD SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, CARMEN 2655 LE JEUNE RD SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOURO, MARIA 2655 LE JEUNE RD SUITE 507 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		
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		
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> <u>ANTHONY W. PAET</u> <u>4/22/08</u> <u>3057281219</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							