

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000012514

1. Entity Name  
TERABYTE USA CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 PM 12:30

Principal Place of Business  
7955 NW 12 STREET SUITE 400  
MIAMI, FL 33126

Mailing Address  
7955 NW 12 STREET SUITE 400  
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2890759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARAQUE, ESMERALDA D  
7955 NW 12 STREET SUITE 400  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name  
GODOY, ESMERALDA A.  
Street Address (P.O. Box Number is Not Acceptable)  
7955 N.W. 12th STREET SUITE 400  
City  
MIAMI FL Zip Code  
33126

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

*Esmeralda Godoy A.*

04/19/2006

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D GOMEZ, ANOLBER O ☐ Delete  
STREET ADDRESS  
7955 NW 12 STREET SUITE 400  
CITY-ST-ZIP  
MIAMI, FL 33126

TITLE  
NAME  
D ARAQUE, ESMERAKIA ☐ Delete  
STREET ADDRESS  
7955 NW 12 STREET SUITE 400  
CITY-ST-ZIP  
MIAMI, FL 33126

TITLE  
NAME  
S USUGA, MARLENY ☒ Delete  
STREET ADDRESS  
840 SW 105 AVE., APT. 328  
CITY-ST-ZIP  
MIAMI, FL 331742632

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
PT ESCALANTE, ANOLBER O. ☒ Change ☐ Addition  
STREET ADDRESS  
7955 NW 12 STREET SUITE 400  
CITY-ST-ZIP  
MIAMI, FLORIDA 33126

TITLE  
NAME  
S/VP  
GODOY, ESMERALDA A. ☒ Change ☐ Addition  
STREET ADDRESS  
7955 NW 12 STREET SUITE 400  
CITY-ST-ZIP  
MIAMI, FL 33126

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

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
900073428779  
05/01/06--01019--026 \*\*150.00

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

TITLE  
NAME  
☐ Change ☐ Addition  
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

04/19/06

Date

Daytime Phone #

412402