

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90400 003 \*\*\*150.00

<b>DOCUMENT # P05000012514</b>					
<b>1. Entity Name</b> TERABYTE USA CORPORATION					
<b>Principal Place of Business</b> 7955 NW 12 STREET SUITE 400 MIAMI, FL 33126			<b>Mailing Address</b> 7955 NW 12 STREET SUITE 400 MIAMI, FL 33126		
<b>2. Principal Place of Business - No P.O. Box #</b> 1470 NW 107TH AVENUE Suite, Apt. #, etc. SUITE C		<b>3. Mailing Address</b> 1470 NW 107TH AVENUE Suite, Apt. #, etc. SUITE C		04252008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA		<b>4. FEI Number</b> 20-2890759	
<b>Zip</b> 33172		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GODOY, ESMERALDA A 7955 NW 12 STREET SUITE 400 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1470 NW 107TH AVENUE SUITE C City MIAMI <b>FL</b> Zip Code 33172		
<b>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.</b>					
SIGNATURE _____				4/25/08 DATE	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> ESCALANTE, ANOLBER O <input type="checkbox"/> Delete		<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7955 NW 12 STREET SUITE 400	<b>CITY-ST-ZIP</b> MIAMI, FL 33126		<b>STREET ADDRESS</b> 1470 NW 107TH AVENUE, STE C	<b>CITY-ST-ZIP</b> MIAMI, FL 33172	
<b>TITLE</b> SVP	<b>NAME</b> GODOY, ESMERALDA A <input type="checkbox"/> Delete		<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7955 NW 12 STREET SUITE 400	<b>CITY-ST-ZIP</b> MIAMI, FL 33126		<b>STREET ADDRESS</b> 1470 NW 107TH AVENUE, STE C	<b>CITY-ST-ZIP</b> MIAMI, FL 33172	
<b>TITLE</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> 			<b>NAME</b> 		
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>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.</b>					
<b>SIGNATURE:</b> _____			04/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		