2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 📈

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000051853 LEST-VANIMA & FEDEROLOADR VASMORA USA, INC. Principal Place of Business COR DOZENNOWS & FEDEROLOADR 300 W. HALLANDALE BEACH BUD. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 301 W. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 301 W. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 301 W. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 301 W. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 301 W. HALLANDALE BEACH FL. Solid A. Inc. CON 902NNOWS & FEDEROLOADR 302 C. CONTY 303 O. CONTY 304 O. CONTY 305 O.			ILEI OILI		'		J	U = ~ • •	
CO ROZENOWING & FERREDO-CARR 301 W. HALLANDLE BEACH BLV). 4. FEI Number and Address of Current Registered Agent. 5. Name and Address of Current Registered Agent. 8. Name and Address of Current Registered Agent. 7. Name and Address of Current Registered Agent. 8. Name and Address of Current Registered Agent. 9. Name and Address of Current Registered Agent. 8. Name and Address of Current Registered Agent. 9. Name and Address of Power Agents in Name Acceptability. 8. SECTION Registered Agent. 9. SECTION Registered Agent. 9. SECTION Registered Agent. 9. SECTION Registered Agent. 9. SECTION Registered Agent. 10. OFFICERS AND DIRECTORS 11. 10.	1. Entity Name							007 ***150	0.00
CO ROZENOWING & FERRERO-CARR 301 W. HALLANDLE BEACH RIV. 3010 April . Rec. 3010 April .	Principal Plac	e of Business	Mailing Address		^	りりみつゃゃ	, U		
301 W. HALLANDALE BEACH BLVD. MALLANDALE BEACH BLVD.	•		DEDO CADO	9	ų v -				
HALLANDALE BEACH, FL 33009 2, Principal Pface of Business Monte Special Business City 4 State City 4									
## Accessory of the process of the p						•			
SIGNATURE	HALLANDALI	L DEACH, FE 33005	HALLANDALE DEACH, FL	33009		1 COIGT CHILL COIN DO	ili Galis Galas Arras		MINI II IXII
SIGNATURE	2 Principal P	Mana of Bueingee	3 Mailing Address		─ 				
SOLIMALIANDALE BEACH FL	BROZENOWAIG, NADER & PERREZO - (AZZ, LL) BROZENOWAK, NODER & PERCES- CARP, LL					I BUILI BEHI BUIL DE		1 12	
City & State HILLANDALE BEACH, FL Applied FOR Applie		~ ~		BEACH BLUS	01242006	Chg-P	CR2E	E034 (11/05)	
ALLANDALE BEACH, FL HALLANDALE BEACH, FL STORY S. Certificate of Status Desired S. Certificate of Status Desired Agent S. Certificat					4. FEI Numb	er		l Ac	polied For
### Status Desired \$5.15 Additional \$5.00 \$5.15 Additional \$5.00 \$5.15 Additional \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	HALLAN	DALE BEACH, FL	HALLANDALE B	EACH, FL	AP	PLIED	FOR	<u> </u>	·
S. Certificate of Status Desired Face Enquired Face Enquir				Country					
ROSENCWAIG & FERRERO-CARR 301 W HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 8. The above name of only yellowis this statement for the purpose of changing its registered diffice or registered gent, or both, in the State of Force. Lam familiar with, and accept the obligations of the statement for the purpose of changing its registered diffice or registered gent, or both, in the State of Force. Lam familiar with, and accept the obligations of the statement registered agent. Signature Security	3300		33009	•	5. Certificate	of Status Desir	ed 📙		
None Cosenowals & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 8. The above name entity storius 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 STEEL NOWILL FEE IS \$150.00					7. Name and	Address of N	ew Registered		
SIGNATURE PSD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NOWILI FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE VOLOVITZ, MYRIAM WAKE SIREE ADDRESS CITY-S1-2P TILE NAME ORGS CITY-S1-2P TILE ORGS CITY				Name			-		
Street Address (P.O. Box Number is Not Acceptable) Sol W. HALLANDALE BEACH, FL 33009	ROSENCY	VAIG & FERRERO-CARR		Koz	ENCHAIG. L	DADEL & F	ERREZO-	CA22,66	<i>\(\frac{1}{2} \)</i>
8. The above name control where the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of vegeteled agent. SIGNATURE. STEEL NOWILL FEE IS \$150.00	THE STATE OF THE S					er is Not Accep	table)		
8. The above name only aformist 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 are of injustered agent and time fapocable. [NOTE Registered Agent separate required agent and time fapocable.] FILE NOWNII FEE IS \$150.00 After May 1, 2006 Fee will be \$\$50.00 P. Bloction Campaign Financing Added to Fee Added	HALLAND	ALE BEACH, FL 33009					_		
8. The above name only aformist 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 are of injustered agent and time fapocable. [NOTE Registered Agent separate required agent and time fapocable.] FILE NOWNII FEE IS \$150.00 After May 1, 2006 Fee will be \$\$50.00 P. Bloction Campaign Financing Added to Fee Added				30/W). HALLANT	MLE BEA	YCH BLU	> .	
8. The above named entity afforcist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNA				City		1	F	Zip Cod	e c
the obligations of tepside/id agent. SIGNATURE	8 The above	named antity of Agrite this statement for	the purpose of changing its re	acistored office or seci					
SIGNATURE Signature 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000	the obligat	tions of registered agent.	the purpose of changing its re	agistered bilice or regi	istered agent, or bo	otn, in the State	of Florida. 1 ar	n ramiliar with,	and accept
SIGNATURE Signature Sequence of requisitered apport and time 1 appolicable. (ROTE: Registered Agent Explanate inequation) PILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Addition PSD Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PSD OFFICERS AND DIRECTORS IN 11. TITE MAKE SIRET ADDRESS CITY-51-2P TITLE MAKE		X/L					J.	late	
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD VOLOVITZ, MYRIAM WAME STRET ADDRESS CITY-ST-2P TITLE Obelee TITLE MAKE STRET ADDRESS CITY-ST-2P TITLE MAKE MAKE STRET ADDR	SIGNATURE.						9	$\gamma / \psi \varphi$	
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD		Signature, typed of printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)		DATE		
TITLE MAME C/O 301 W. HALLANDALE BEACH BLVD. TITLE MAME C/O 301 W. HALLANDALE BEACH BLVD. TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREE				· -					
TITLE PSD Delete MAME VOLOVITZ, MYRIAM Delete MAME VOLOVITZ, MYRIAM Delete MAME C/O 301 W. HALLANDALE BEACH BLVD. STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH, FL 33009 Delete MAME MAME STREET ADDRESS CITY-ST-ZIP Delete MAME MA	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11
NAME SIREE ADDRESS CITY-ST-ZIP HALLANDALE BEACH BLVD. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 Delete ITILE NAME SIREE ADDRESS CITY-ST-ZIP Delete ITILE NAME NAME SIREE ADDRESS CITY-ST-ZIP Delete ITILE NAME NAME SIREE ADDRESS CITY-ST-ZIP Delete ITILE SIREE ADDRESS CITY-ST-ZIP Delete SIREE ADDRESS CITY-ST-ZIP	TITLE	T		1	7.221,72110	,	OFFICE AND PAR		
STREET ADDRESS CITY-ST-2P HALLANDALE BEACH, FL 33009 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE - NAME STREET ADDRESS CITY-ST-2P TITLE NAME STR		VOLOVITZ, MYRIAM	LI Beiett						
CITY-ST-ZIP HALLANDALE BEACH, FL 33009 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITIL									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S									
NAME STREET ADDRESS CITY-ST-ZIP TITLE		THE WESTER BENOT, TE 3000.							
STREET ADDRESS CITY-ST-ZIP TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C			☐ Delete					□ Change	■ Addition
CITY-ST-ZIP TITLE - Delete TiTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete NAME Delete TITLE Delete NAME Delete				_					
TITLE - Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AMME AMM									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT	TITLE -		Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OF Change Addition NAME OF Change Addition NA	NAME			NAME					
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME		İ							
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TO Change Addition Addition TO Change Addition	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME	TITLE		Delete	TITLE				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP Addition ANDE Addition ANDE ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP Addition ANDE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE TITLE CITY-	NAME			NAME					
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP Delete TITLE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	STREET ADDRESS			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1. 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	CITY-ST-ZIP			CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1. 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	TITLE		☐ Delete	TITLE	•	•=•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling 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	NAME	[
CITY-ST-ZIP ITIE NAME STREET ADDRESS CITY-ST-ZIP 1. 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									
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						•			
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			□ Delete					☐ Chanza	☐ 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		1	L.J Delete					∟ Grange	☐ AUUHION
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									
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		1		SINCE ADDRESS					
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	UIII-31-ZIF			CITY OF 7ID					

NUED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 4,2006

Oate

Daytime Phone #

ATTACHMENT 40055220

ROZENCWAIG, NADEL & FERRERO-CARR, LLP

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FLORIDA 33009

LESLIE ALAN ROZENCWAIG, P.A. HOWARD B. NADEL, P.A. ROSARIO FERRERO-CARR, P.A.

TELEPHONE (954) 455-5100 TELEFAX (954) 455-6500 E-MAIL LAR@RNFLAW.COM

April 17, 2006

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

RE:

Vasmora USA, Inc./Document No. P05000051853/(the "Corporation")

Our Client File Number 1499(g)

Dear Sir or Madam:

Enclosed please find the 2006 For Profit Corporation Annual Report in connection with the above-referenced corporation along with a check in the amount of One Hundred Fifty Dollars (\$150) representing the applicable fee.

If you have any questions, please do not hesitate to contact me.

Cordially.

Rozencwaig, Nadel & Ferrero-Carr, LLP

Leslie Alan Rozencwaig, Esq.

For the Firm

LAR/cv Enclosures

f:\wpdata\rozencwaig\1499\letters\an-rep-06-div-of-corp-vasmora-4-17-06.doc