


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000051853	
1. Entity Name VASMORA USA, INC.	

Principal Place of Business C/O ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009	Mailing Address C/O ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	AP-PLIED FOR	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	
ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD VOLOVITZ, MYRIAM C/O 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000708426 04/24/07-80110-023 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE: *Myriam Volovitz* **4/13/07 305-557-0165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #