FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90041 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052626

1. Entity Name
PITSA USA, CORP.

Principal Place of Business	Mailing Address
6165 NW 114TH CT., #116 DORAL, FL 33178	6165 NW 114TH CT., #116 DORAL, FL 33178

07052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	780 N.W. 42 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 416
City & State	City & State MIAMI, FL
Zip / Country	Zip 33126 / Country USA

4. FEI Number 20-2810966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEITAS, ROBERTO F
782 NW LE JEUNE RD., #530
MIAMI, FL 33126

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 ______________________
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	URIARTE RAMIREZ, MANUEL F	NAME	
STREET ADDRESS	QUEBRACHO NORTE #38,PARANA COUNTRY CLUB	STREET ADDRESS	
CITY-ST-ZIP	HERNANDARIAS, PARAGUAY,	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NUNES, VIVIAN A	NAME	VIVIAN A. JENSEN NUNES
STREET ADDRESS	AVENIDA CARLOS ANTONIO LOPEZ	STREET ADDRESS	
CITY-ST-ZIP	CIUDAD DEL ESTE, PARAGUAY,	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X [signature] VIVIAN A JENSEN NUNES, VPRES. 07/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #