2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083643

City-St-Zip:

CLERMONT, FL 34711 US

FILED May 01, 2008 Secretary of State

Entity Name: AMARE USA INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 210	TH HIGHWAY 2 T, FL 34711	27 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 210	ΓΗ HIGHWAY 2 Τ, FL 34711	27 US			
FEI Number:	20-2975023	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ROLDAN, KALYANI L VP 1390 MISTY GLEN LANE CLERMONT, FL 34711 US				ROLDAN, KALYANI L VP 1182 LATTIMORE DRIVE CLERMONT, FL 34711 US	
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.					
SIGNATURE: KALYANI ROLDAN				05/01/2008	
Electronic Signature of Registered Agent			t	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROLDAN, DARSA	SHWAY 27, SUITE 210	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ROLDAN, KALYA	SHWAY 27, SUITE 210	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	ROLDAN, KALYA	Delete NI L SHWAY 27, SUITE 210	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KALYANI ROLDAN VΡ 05/01/2008