

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000104781

1. Entity Name
CAJAMED-USA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 PM 2:10

Principal Place of Business
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131



01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
98-0464259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

500069055385
03/30/06--01048--025 **150.00
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE ROS WALLACE, CHARLES	
STREET ADDRESS	AVDA OSCAR ESPLA 37	
CITY-ST-ZIP	03007 ALICANTE, SPAIN,	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRIBAS PURAS, ROBERTO	
STREET ADDRESS	AVDA SARASOTA #18 SECTOR LA JULIA	
CITY-ST-ZIP	SANTO DOMINGO DOMINICAN REPUB,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Ros, Charles	
STREET ADDRESS	701 Brickell Ave. Ste 3000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arribas Puras, Roberto	
STREET ADDRESS	701 Brickell Ave., Ste 3000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fuentes, Dario	
STREET ADDRESS	701 Brickell Ave., Ste 3000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lopez Abad, Roberto	
STREET ADDRESS	701 Brickell Ave., Ste 3000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gil Mallebrera, Manuel	
STREET ADDRESS	701 Brickell Ave., Ste 3000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO ARIBAS PURAS

04/20/2006

Date

3053492183

Daytime Phone #