

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000110800 1. Entity Name 49 PV USA INC.	
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Principal Place of Business 848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3294864	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134

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IN THIS SPACE**

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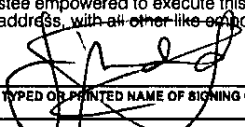
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVE STE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, INIGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, DIEGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131
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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 or empowered.

SIGNATURE:  **JOSE ARDID** **4/11/07** **305 377 1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #