2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155490

Name:

Address: City-St-Zip: ARANGO, JUAN DIEGO L

MIAMI, FL 33172

9990 N.W. 14 STREET, SUITE 109

Entity Name: MMC USA CORPORATION

FILED Mar 05, 2008 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10680 NW 37 TERRACE MIAMI, FL 33178			1345 NW 98 COURT 1 AND 2 DORAL, FL 33172	1 AND 2	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
10680 NW MIAMI, FL	37 TERRACE 33178		1345 NW 98 COURT 1 AND 2 DORAL, FL 33172		
FEI Number:	20-3851099	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:	
CHARLES, CLAUDE 10680 NW 37 TERRACE MIAMI, FL 33178 US			CHARLES, CLAUDE 1345 NW 98 COURT 1 AND 2 DORAL, FL 33172 U	1345 NW 98 COURT	
The above in the State		ubmits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: CLAUDE CHARLES				03/05/2008	
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SILVA, CARLOS	REET SUITE 109	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARLES, CLÁ	REET SUITE 109	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CEO ()	Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLAUDE CHARLES S 03/05/2008