2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155490

Entity Name: MMC USA CORPORATION

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	98 COURT					
1 AND 2 DORAL, FI	33172					
,						
Current Mailing Address:			New Maili	New Mailing Address:		
	98 COURT					
1 AND 2 DORAL, FI	33172					
,						
FEI Number: 20-3851099 FEI Number Applied For () FEI Nu			umber Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of N	lew Registered Agent:	
	, CLAUDE					
1345 NW 98 COURT 1 AND 2						
	L 33172 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:						
Electronic Signature of Registered Agent					 Date	
Election Can		ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name:	,) Delete DELO, MARIA C	Title: Name:	()	Change () Addition	
Address:	1345 NW 98 C	· · · · · · · · · · · · · · · · · · ·	Address:			
City-St-Zip:	MIAMI, FL 33		City-St-Zip:			
Title:	S () Delete	Title:	()	Change () Addition	
Name:	CHARLES, CL	AUDE	Name:			
Address:	1345 NW 98 C		Address:			
City-St-Zip:	MIAMI, FL 33	172	City-St-Zip:			
Title:	*) Delete	Title:	()	Change () Addition	
Name:		BER, IRENE K	Name:			
Address:	1345 NW 98 C		Address:			
City-St-Zip:	MIAMI, FL 33	1/2	City-St-Zip:			
Title:	() Delete	Title:	, ,	Change (X) Addition	
Name:			Name:	HINDS, TRACI		
Address:			Address:	1345 NW 98 C		
City-St-Zip:			City-St-Zip:	DORAL, FL 33	172	

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.

SIGNATURE: CLAUDE CHARLES S 03/10/2009