

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000225

Entity Name: SARCARDE USA, CORP.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

4460 HODGES BLVD
1116
JACKSONVILLE, FL 32224

Current Mailing Address:

4460 HODGES BLVD
1116
JACKSONVILLE, FL 32224

New Principal Place of Business:

9951 ATLANTIC BLVD
401
JACKSONVILLE, FL 32225

New Mailing Address:

13811 JAFFA CT
JACKSONVILLE, FL 32224

FEI Number: 20-4061649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEIRO, WALTER
4460 HODGES BLVD
1608
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

ABEIRO, WALTER
13811 JAFFA CT
JACKSONVILLE, FL 32224 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEVALLOS, EDUARDO
Address: 33 HIDALGO DE PINTO
City-St-Zip: QUITO, - ECUADOR

Title: VP () Delete
Name: ABEIRO, WALTER
Address: 4460 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: RUEDA, CECILIA
Address: 4460 HODGES BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: MONTESDEOCA, DIEGO
Address: 4987 N UNIVERSITY DRIVE, SUITE 29
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ABEIRO, WALTER
Address: 13811 JAFFA CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Change () Addition
Name: RUEDA, CECILIA
Address: 13811 JAFFA CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER ABEIRO

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date