

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007167

FILED
Mar 31, 2008
Secretary of State

Entity Name: TEXTURAS DEL PERU, USA, INC.

Current Principal Place of Business:

9021 SW 11TH STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

9021 SW 11TH STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 04-3841373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, FREDDY V
9021 SW 11 STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORES DE PINO, MARIA ELENA
Address: 9021 SW 11 STREET
City-St-Zip: MIAMI, FL 33174

Title: VPD () Delete
Name: MENDOZA, FREDDY V
Address: 9021 SW 11 STREET
City-St-Zip: MIAMI, FL 33174

Title: STD () Delete
Name: BASCUAS, ENRIQUE
Address: 9021 SW 11 STREET
City-St-Zip: MIAMI, FL 33174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: PINO PONCE, EDDY A
Address: 9021 SW 11 STREET
City-St-Zip: MIAMI, FL 33174

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

Title: TD () Change (X) Addition
Name: MENDOZA, FREDDY
Address: 9021 SW 11 STREET
City-St-Zip: MIAMI, FL 33174

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: MARIAELENA FLORES DE PINO

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date