

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 049 \*\*\*150.00

<b>DOCUMENT # P06000033844</b> 1. Entity Name <b>CONEXION USA, INC.</b>					
Principal Place of Business <b>8025 NW 36 STREET SUITE 302 MIAMI, FL 33166</b>			Mailing Address <b>8025 NW 36 STREET SUITE 302 MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box # <b>15110 SW 51 Street</b>		3. Mailing Address <b>15110 SW 51 Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miramar</b>		City & State <b>Miramar</b>		4. FEI Number <b>20-4468765</b>	
Zip <b>33027</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>CORDERO, ALFONSO 8025 NW 36 STREET SUITE 302 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTIZ, EDWIN L 19620 PINES BLVD SUITE 206 PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUINTANA, MAURICIO 1400 NW 107 AVE SUITE 306 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORTIZ, LEWUEL 19620 PINES BLVD SUITE 206 PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Iris Roncancio 15110 SW 51 Street Miramar FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					