2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 05, 2007 8:00 am Secretary of State DOCUMENT # P06000046305 1. Entity Name 02-14-2007 90062 006 \*\*\*150.00 LAROSCH USA INC Principal Place of Business Mailing Address 3600 SOUTH STATE RD 7 3600 SOUTH STATE RD 7 SUITE 310 MIRAMAR FL 33023 SUITE 310 MIRAMAR FL 33023 . | CARRES HA A COUR TOUR CARE GAIN GARN GARN GARN GARN GARN GARD COURT FOR COURT AND COURT 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINCEVER, PEDRO Street Address (P.O. Box Number is Not Acceptable) 3600 SOUTH STATE RD 7 STE 310 MIRAMAR FL 33023 City Zip Code 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. It am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or protect name or registered open( and lute + applicable (NOTE: Registered Agent signature required which teinslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 11111 ☐ Delete Change ☐ Addition PINCEVER, PEDRO NAME NALE 3600 SOUTH STATE RD 7 STE 310 STREET ADDRESS STOLE LADDRESS MIRAMAR FL 33023 CHY-SI-ZIP CHY+ST-7/P ☐ Delete lou. ☐ Change ☐ Addition PINCEVER, MARTA NAMI MALE 3600 SOUTH STATE RD 7 STE 310 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CtTY+S1-ZIP CITY S1-7IP Delete HILL ☐ Change ☐ Addition NAME NAMI STREET ADDRESS SINI ET ADONESS CHY S1-7IP CITY-SE-ZIP SITTE Oelale ☐ Change ☐ Addition NAME NAME STRITLI ADDRESS STREET ADDIESS CHY-S(-7IP CITY, ST. 7IP Delete ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY - ST-74P City - \$1-7IP HRU. ☐ Defete 11111 ☐ Change Addition YAM! STREET ADDRESS STREET ADDRESS. CITY-SI-7IP CHY St ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 1.19, 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 eath; that I am an officer or director of the corporation or the receiver or bristoe 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. MARTA PINCEVER SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED