2008 FOR PROFIT CORPORATION

FILED Apr 24, 2008 8:00 am

ANNUAL REPURI					S	· · · · · · · · · · · ·	_ 4 -
DOCUMENT # P06000066589					Secretary of State		
1. Entity Name IGLI USA, INC.					04-24-2008 90	0102 003 ***150	0.00
1021007	i, 1140.						
Principal Plac	ce of Business	Mailing Address	·				
800 BRICKE	LL AVE	800 BRICKELL AVE			•		
STE 1107 MIAMI, FL 33131		STE 1107 Miami, FL 33131					
L. LIEUTHAND IN BURA BAIN BURA							
2. Principal Place of Business - No P.O. Box# B.V. MAZZEO + CO, CRA; Suite, Apt. #, etc.		3. Mailing Address S. B.V. MAZZEO & CO, CPA Suite Apt. #, etc.		, CPAc 111111111111111111111111111111111111			
1350 SW 128 ST, STE 103 1350 / SW 128			28 ST, ST		Chg-P	CR2E034 (12/06)	
MI Aml, FL		City & State MIAMI	FL \$	4. FEI Numb 20-585			plied For Applicable
33186 Country Zip 33		33186	Country	5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current F	7. Name and	Address of New Re	gistered Agent			
OPPENHEIM, STEVEN							
800 BRICKELL AVE STE 1107 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)			
				,			
			City			FL 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sponature required when (registered agent and title if applicable.) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							S IN 11
TITLE :	S OPPENHEIM, STEVEN	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	800 BRICKELL AVE, STE 1107		STREET ADDRESS				
CITY-ST-ZIP	MiAMi, FL 33131		CITY-ST-ZIP		 		
TITLE NAME	DPT RIBA, RAMON	☐ Delete	TITLE Name			Change	Addition
STREET ADDRESS	800 BRICKELL AVE, STE 1107		STREET ADDRESS	13501 5W	128 ST.	STE. 103	
CITY-ST-ZIP	MIAMI, FL 33131	100 · 1	CITY-ST-ZIP	MIANN, F	-L 3318	6	
TITLE NAME		☐ Delete	TITLE	,		Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-S1-ZIP		··	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADORESS			NAME STREET ADDRESS				
CITY-ST-ZiP			CITY-SI-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Defete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME Street Address				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby	L . certify that the information supplied with t	this filing does not qualify for	the exemptions of	ontained in Chapter 119), Florida Statutes. I fo	urther certify that the in	formation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legat 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							

while this report as required by Chapter 607, Honda Statutes; and mat made empowered. STEVEN OFFEN HEIN

SECRETARY YOURS

SIGNATURE: