2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000072475

1. Entity Name
CEMORAR USA CORP.

FILED
07 JAN 30 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3611 S.W. 117TH AVE APT. 107 MIAMI, FL 33175	3611 S.W. 117TH AVE APT. 107 MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, RAMIRO 3611 S.W. 117TH AVE APT. 107 MIAMI, FL 33175	Name: ZENIA S. GOODE Street Address (P.O. Box Number is Not Acceptable): 6678 SW 140TH CT. City: MIAMI FL Zip Code: 33183-2219

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: _____ DATE
(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

400088720594
02/19/07--01028--030 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORA, CARMEN E 3611 S.W. 117TH AVE, APT. 107 MIAMI, FL 33175	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DISTRIBUIDORA INETEK, C.A. CALLE 12 #5-58 RUBIO VENEZUELA,	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE VP/D NAME STREET ADDRESS CITY-ST-ZIP	ZENIA S. GOODE 6678 SW 140TH CT. MIAMI, FL. 33183-2219	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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.

SIGNATURE: Carmen E. Mora, P/D 1/28/07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)