2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000073790

FILED Mar 05, 2007 8:00 am Secretary of State

1. Entity Name DASILCO USA CORP.							03-05-2007 90039 016 ****158.75					
Principal Place of Business C/O JORGE GALVEZ-PRIEGO,P.A. 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134				Mailing Address C/O JORGE GALVEZ-PRIEGO,P.A. 2655 LE JEUNE RD STE 309 CORAL GABLES, FL 33134				481(8 F))) 88()) 88()) F8	'II 48 III 2 8888 1II		11 68 1 41 18 7 1	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02082007	Chg-P	CR2E0	34 (12/06)		
City & State			City	City & State			93-0450863			pplied For		
Zip		Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add ee Required		
	6. Name	and Address of Curr	ent Register	ed Agent		7. Name and Address of New Registered Agent						
					1	Varne						
GALVEZ-PRIEGO, JORGE ESQ. C/O JORGE GALVEZ-PRIEGO,P.A. 2655 LE JEUNE RD STE 309						Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA	ABLES, FL	. 33134										
					(City FL Zip Code						
the obligat	named entity ions of regist	y submits this statemer ered agent.	nt for the purp	oose of changing its	registered	office or registe	ered agent, or bot	h, in the State of Fk	orida. I am f	amiliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NOTE	: Registered Aç	jent signature requir	ed when reinstating)		DATE			
		FEE IS \$150.00 7 Fee will be \$55	0.00	9. Election Campai Trust Fund Conti			5.00 May Be Ided to Fees					
10.		OFFICERS A	ND DIRECTO	ORS .	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 LE J	-CORREIA, MANUE EUNE RD STE 309 ABLES, FL 33134	ĒL.	Delete	TITLE NAME STREET A CITY-ST	DDRESS 2655	SILVA-CORRE S LE JEUNE RI KAL GABLES, I	O STE 309		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CAMACHO-DE-CORREIA, MARIA E 2655 LE JEUNE RD STE 309				TITLE NAME STREET A CITY-ST	DVP CAN 2655		RREIA, MARIA D STE 309		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A	DDRESS 2655	SILVA-CAMAC LE JEUNE RI RAL GABLES, I	O STE 309		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST	DDRESS 2655	SILVA-CAMAC S LE JEUNE RI KAL GABLES, I	O STE 309		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Participation of the Control of the		☐ Delete	TITLE NAME STREET A CITY-ST	-ZIP				☐ Change	Addition	
indicated	on this roper	e information supplied	with this mind	does not quality to	i ine exemp	hilone containe	eu in Criapter 119	, riorida Statutes. I	i iurther certi	ry that the ir	normation	

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.

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TO SILVA-CORREIA, MANUEL PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-416-9668

02/09/2007

Daytime Phone #