2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117252

Entity Name: SALVAT USA, INC

FILED Feb 23, 2009 Secretary of State

Entity Name: SALVAT OSA, INC.						
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
2655 LEJEUNE RD STE 810-C CORAL GABLES, FL				2655 LEJEUNE RD STE 810-C CORAL GABLES, FL 33134		
Current Mailing Address:			New Mailin	New Mailing Address:		
2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			SUITE 340	2 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131		
FEI Number:	20-5564980	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2 S BISCA' ONE BISC	ORATE SERV YNE BLVD ST AYNE TOWE 33131 US	E 3400				
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.						
SIGNATURE:						
	Electro	nic Signature of Registered A	gent		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PERIS MUSSO 2655 LEJEUNI) Delete n, JAVIER E RD., SUITE 810-C ES, FL 33134 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	JULVE RUBIO 2655 LEJEUNI) Delete JORDI E ROAD, SUITE 810-C ES, FL 33134 US	Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VIAYNA CARD 2655 LEJEUNI) Delete ONA, CRISTINA E ROAD, SUITE 810-C ES, FL 33134 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINEZ MA) Delete RIOSA, JOSEP E ROAD, SUITE 810-C ES, FL 33134	Title: Name: Address: City-St-Zip:	MARTINEZ M 2655 LE JEU	(X) Change () Addition MARINOSA, JOSE INE ROAD, SUITE 810-C LES, FL 33134	
Title [.]	D () Delete	Title [.]		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAVIER PERIS MUSSO DP 02/23/2009

MUSSO, E.M. TERESA

CORAL GABLES, FL 33134

2655 LEJEUNE ROAD, SUITE 810-C

Name:

Address:

City-St-Zip: