

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117252

FILED
Feb 23, 2009
Secretary of State

Entity Name: SALVAT USA, INC.

Current Principal Place of Business:

2655 LEJEUNE RD STE 810-C
CORAL GABLES, FL

New Principal Place of Business:

2655 LEJEUNE RD STE 810-C
CORAL GABLES, FL 33134

Current Mailing Address:

2 S BISCAYNE BLVD STE 3400
MIAMI, FL 33131

New Mailing Address:

2 S BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131

FEI Number: 20-5564980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
2 S BISCAYNE BLVD STE 3400
ONE BISCAYNE TOWER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERIS MUSSO, JAVIER
Address: 2655 LEJEUNE RD., SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DCTS () Delete
Name: JULVE RUBIO, JORDI
Address: 2655 LEJEUNE ROAD, SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: COAS () Delete
Name: VIAYNA CARDONA, CRISTINA
Address: 2655 LEJEUNE ROAD, SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVP () Delete
Name: MARTINEZ MARIOS, JOSEP
Address: 2655 LE JEUNE ROAD, SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MUSSO, E.M. TERESA
Address: 2655 LEJEUNE ROAD, SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MARTINEZ MARINOSA, JOSE
Address: 2655 LE JEUNE ROAD, SUITE 810-C
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAVIER PERIS MUSSO

DP

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date