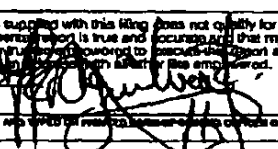


FILED
May 21, 2007 8:00 am
Secretary of State

4/30

04-30-2007 90458 003 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P08000145950			
1. Entity Name PIQUER USA CORP.			
Principal Place of Business 55 NE 5TH AVENUE 501 BOCA RATON, FL 33432		Mailing Address 55 NE 5TH AVENUE 501 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5916605		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONIQUE TRONCONE, CPA PA 55 NE 5TH AVENUE 501 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent	
Name			
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 fee if applicable. (NOTE: Registered Agent signature is required when completing) DATE _____			
FILE MONITOR 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AGUILERA, JESUS R	NAME	
STREET ADDRESS	2410 CORDOVA BEND	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 liquidator thereof; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.			
SIGNATURE: 		President 954217518	
SIGNATURE AND TITLES OF PERSONS AUTHORIZED TO SIGN ON BEHALF OF THE CORPORATION		Date	

66015886



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