2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# P07000028745

Entity Name: ISABEL CABANILLAS USA CORP

Current Principal Place of Business:

5364 SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

2071 N. W. AVENUE
106
MIAMI, FL 33172

Current Mailing Address:

5364 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

2071 N. W. AVENUE
106
MIAMI, FL 33172

FEI Number: 20-8600199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORRENTS, JORDI R
2655 LE JEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: CASTELLVI PI, JAIME
Address: AVE, BARCELONA 241 08750 MOLINS DEL REI
City-St-Zip: BARCELONA, SPAIN, XX XX

Title: TD ( ) Delete
Name: CASTELLVI CABANILLAS, JAIME
Address: AVE, BARCELONA 241 08750 MOLINS DEL REI
City-St-Zip: BARCELONA, SPAIN, XX XX

Title: SD (X) Delete
Name: CALAFELL, JAVIER
Address: 3000 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T SD (X) Change ( ) Addition
Name: CASTELLVI CABANILLAS, JAIME
Address: AVE, BARCELONA 241 08750 MOLINS DEL REI
City-St-Zip: BARCELONA, SPAIN, XX XX

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: JAIME CASTELLVI PI P 02/20/2008

Electronic Signature of Signing Officer or Director — Date