2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078255

Entity Name: CASA ARANI USA CORP.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

440 SAWGRASS CORPORATE PKWY STE 112

SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

440 SAWGRASS CORPORATE PKWY STE 112 SUNRISE, FL 33325

FEI Number: 65-1317972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSARIO, ELIBERTO

10224 NW 52 TERRACE

DORAL, FL 33178 US

ROSARIO, ELIBERTO

440 SAWGRASS CORPORATE PKWY

STE 112

SUNRISE, FL 33325 US

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: ELIBERTO ROSARIO 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: CEPEDA, ARACELIS Name: CEPEDA, ARACELIS
Address: 10224 NW 52 TERRACE Address: 440 SAWGRASS CORPORATE PKWY, STE112

City-St-Zip: DORAL, FL 33178 City-St-Zip: SUNRISE, FL 33325

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Title: V () Delete Title: V (X) Change () Addition
Name: ROSARIO, FRANSCISEO A Name: ROSARIO, FRANCISCO A

Address: 10224 NW 52 TERRACE Address: 440 SAWGRASS CORPORATE PKWY, STE 112

City-St-Zip: DORAL, FL 33178 City-St-Zip: SUNRISE, FL 33325

Name: ROSARIO, JOSE C Name: ROSARIO, JOSE C

Address: 10224 NW 52 TERRACE Address: 440 SAWGRASS CORPORATE PKWY, STE 112

City-St-Zip: DORAL, FL 33178 City-St-Zip: SUNRISE, FL 33325

Title: T () Delete Title: T (X) Change () Addition

Name: ROSARIO, JÚÁN R Name: ROSARIO, JÚÁN R Address: 10224 NW 52 TERRACE Address: 440 SAWGRASS CORPORATE PKWY, STE 112

City-St-Zip: DORAL, FL 33178 City-St-Zip: SUNRISE, FL 33325

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: ARACELIS CEPEDA P 04/21/2009