

3008

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 007 \*\*\*150.00

40106044

<b>DOCUMENT #</b> P07000123222 1. Entity Name Trick Engineering U.S.A. Corp.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business Calle 11, Los Palos Grandes Suite, Apt. #, etc. Quinta Radar City & State Caracas Zip 1063		3. Mailing Address 3602 Bridgewood Dr. Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33434		4. FEI Number 26-1408534 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Country Venezuela		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent Name del Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St. Suite 101 City Miami FL Zip Code 33126-1222	
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 <u><i>del Valle</i></u> del Valle, Manuel R. <u>4-21-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$160.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D/E/S/T	TITLE			
NAME	Mancera, Enrique J.	NAME			
STREET ADDRESS	Calle 11, Los Palos Grandes	STREET ADDRESS			
CITY - ST - ZIP	Caracas, Venezuela 1063	CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Enrique J. Mancera</i></u> <u>04/25/08</u> 011-58-212-263-7525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)