2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131582

Entity Name: PAPAGAYOS USA. INC.

FILED Apr 27, 2009 Secretary of State

| Littly Na | ME. FAFAGA | TOS OSA, INC. | | | |
|---|------------------------------------|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
| | /ER DIKE RO/ ON, FL 33440 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | /ER DIKE RO/ ON, FL 33440 | | | | |
| FEI Number | : 26-1586246 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 707 HOOV | OURDES A /ER DIKE RO/ ON, FL 33440 | US | nurnose of changing its registered | l office or registered agent, or both, | |
| | e of Florida. | submits this statement for the | purpose of changing its registered | ronice of registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | INAUDI, LOUR | DIKE ROAD #304 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | INAUDI, ANA S | DIKE ROAD #304 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | S (FUENTES, MA |) Delete RIELA | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: LOURDES INAUDI P 04/27/2009

707 HOOVER DIKE ROAD #304

CLEWISTON, FL 33440

Address: City-St-Zip: