

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000021401

Entity Name: SHOFAR USA CORP

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11501 NW 89 STREET  
105  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134

**New Mailing Address:**

P.O. 14-0970  
CORAL GABLES, FL 33114 US

FEI Number: 75-3266834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRATS FERNANDEZ & CO  
2121 PONCE DE LEON BLVD  
STE 240  
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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GAJER, HECTOR J  
Address: P.O BOX 14-0970  
City-St-Zip: CORAL GABLES, FL 33114

Title: VP  
Name: SOLMESKY, BRENDA  
Address: P.O BOX 14-0970  
City-St-Zip: CORAL GABLES, FL 33114 US

I hereby 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 all other like empowered.

SIGNATURE: HECTOR J. GAJER

PSTD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date