

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024402

FILED
Jun 24, 2009
Secretary of State

Entity Name: TRANSORGA TRADING USA, INC.

Current Principal Place of Business:

6701 SUNSET DR., STE. 101
SOUTH MIAMI, FL 33143

New Principal Place of Business:

1332 S.W. 9TH AVENUE
BOCA RATON, FL 33486

Current Mailing Address:

6701 SUNSET DR., STE. 101
SOUTH MIAMI, FL 33143

New Mailing Address:

1332 S.W. 9TH AVENUE
BOCA RATON, FL 33486

FEI Number: 98-0571158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLINAR, PEDRO M.
6701 SUNSET DR., STE. 101
SOUTH MIAMI, FL 33143 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUARTE, RODRIGO K.
Address: MERCY BLDG. 2 FL, PURCELL ESTATE, RD TOWN
City-St-Zip: TORTOLA, BRITISH VIRGIN ISL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RODRIGO K. DUARTE

DP

06/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date