2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076364

Entity Name: TIDYMEN USA, INC

Name:

Address: City-St-Zip: PACHECO, CHRISTEN R

MIAMI, FL 33143 US

7680 SW 82ND STREET H119

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9900 SW 168TH STREET 4 MIAMI, FL 33157 US				2923 NE 1 HOMESTE	ST DR EAD, FL 3303	3 US
Current Mailing Address:				New Mailing Address:		
9900 SW 168TH STREET 4 MIAMI, FL 33157 US				2923 NE 1ST DR HOMESTEAD, FL 33033 US		
FEI Number:	26-3001202	FEI Number Applied For ()	FEI Nur	nber Not App	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PROCTOR, BRIAN SR 9900 SW 168TH STREET 4 MIAMI, FL 33157 US				PROCTOR, BRIAN SR 2923 NE 1ST DR HOMESTEAD, FL 33033 US		
The above in the State		y submits this statement for th	e purpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATURE:				02/10/2009		
Election Carr		onic Signature of Registered Aing Trust Fund Contribution ().	Agent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P RUMPH, WEI 2932 NE 2NE MIAMI, FL 33	D DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	P PROCTOR, E 2932 NE 3RE MIAMI, FL 33	DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title:	VP	() Delete		Title:	T (X	C) 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.

Name:

Address:

City-St-Zip:

LEWIS, GREGORY S

11851 SW 185 TER

MIAMI, FL 33177

SIGNATURE: GREGORY LEWIS T 02/10/2009