2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# P08000098511

Entity Name: MKT DIVERSIFIES USA INC.

Current Principal Place of Business:

3850 BIRD RD 10TH FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

295 SEVILLA AVE
CORAL GABLES, FL 33134

Current Mailing Address:

3850 BIRD RD 10TH FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

295 SEVILLA AVE
CORAL GABLES, FL 33134

FEI Number: 26-3975339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete
Name: GABRIEL TARRIS, ROBERTO A
Address: 3850 BIRD RD 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: LOPEZ, MANUEL F
Address: 3850 BIRD RD 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: PULCINI, LILIAN T
Address: 3850 BIRD RD 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: GONZALEZ, MARIA E
Address: 3850 BIRD RD 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GABRIEL TARRIS, ROBERTO A
Address: 295 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: LOPEZ, MANUEL F
Address: 295 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: GONZALEZ, MARIA E
Address: 295 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: GABRIEL TARRIS MR, 07/27/2009

Electronic Signature of Signing Officer or Director Date