

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065375

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SANTA PAULA ROSES USA CORP

**Current Principal Place of Business:**

1480 N.W. 94TH AVE., 2ND FL., STE 3  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1480 N.W. 94TH AVE., 2ND FL., STE 3  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 27-3247354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEFAIR, ANTONIO  
2000 NW 89 PLACE  
124  
DORAL, FL 33172 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:** P  
**Name:** SEFAIR, ANTONIO  
**Address:** 1480 N.W. 94TH AVE., 2ND FL., STE 3  
**City-St-Zip:** DORAL, FL 33172

**Title:** VP  
**Name:** HENAO, MARIA V  
**Address:** 1480 N.W. 94TH AVE., 2ND FL., STE 3  
**City-St-Zip:** DORAL, FL 33172

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:** ANTONIO SEFAIR

P

04/13/2012

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

\_\_\_\_\_  
Date