

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000060208

Entity Name: TUSCOMPRASUSA, INC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6019 KIMBERLY BLVD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

8298 NW SOUTH RIVER DR  
MEDLEY, FL 33166

**Current Mailing Address:**

6019 KIMBERLY BLVD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

8298 NW SOUTH RIVER DR  
MEDLEY, FL 33166

FEI Number: 45-2667805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZARAMA, JUAN P  
6019 KIMBERLY BLVD  
NORTH LAUDERDALE, FL 33068 US

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

ZARAMA, JUAN P  
8298 NW SOUTH RIVER DR  
MEDLEY, FL 33166 US

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: JUAN PABLO ZARAMA

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ZARAMA, JUAN P  
Address: 8298 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33166

Title: VD  
Name: VILEGAS, MARGARITA  
Address: 8298 NW SOUTH RIVER DR  
City-St-Zip: MEDLEY, FL 33166

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: JUAN PABLO ZARAMA

VP

04/24/2012

Electronic Signature of Signing Officer or Director

Date