


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000058631
 1. Entity Name
RIO BLANCO CAPITAL MANAGEMENT (USA) CORP.



Principal Place of Business % INTERNATIONAL EXECUTIVE OFFICES 2665 S. BAYSHORE DR. SUITE 906 MIAMI, FL 33133 US	Mailing Address % INTERNATIONAL EXECUTIVE OFFICES 2665 S. BAYSHORE DR. SUITE 906 MIAMI, FL 33133 US
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0523279	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, CESAR L
1221 BRICKELL AVENUE
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


U00000502307
 04/25/06-80099-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KRIETE, ROBERTO 2665 S. BAYSHORE DR., STE 906 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PALOMO, JOAQUIN 2665 S. BAYSHORE DR., STE 906 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRIETE, FLORENCE 2665 S. BAYSHORE DR., STE 906 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/5/2006** **305-285-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERTO KRIETE