

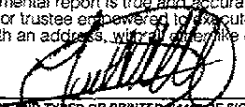


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000035050 1. Entity Name GREYDENT U.S.A., INC.			
Principal Place of Business 2549 NW 74TH AVE MIAMI, FL 33122		Mailing Address 2549 NW 74TH AVE MIAMI, FL 33122	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0641702	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAYERDE, JOSE ANTONIO 1212 FALLS BLVD. FT. LAUDERDALE, FL 33327		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000584110 01/12/07-80023-016 150.00	
TITLE	P		
NAME	VILLAYERDE, JOSE ANTONIO		
STREET ADDRESS	1212 FALLS BLVD.		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33327		
TITLE	S		
NAME	FLORES OLIVO, GRACE N		
STREET ADDRESS	1212 FALLS BLVD.		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33327		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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, without being so empowered.			
SIGNATURE:  <u>Jose A. Villaverde</u>		Date <u>1/10/07</u> Daytime Phone # _____	