## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P95000089145



## FILED Mar 17, 2008 8:00 am Secretary of State

03-17-2008 90013 011 \*\*\*150.00 **BUCKDEN (USA) CORPORATION** Principal Place of Business Mailing Address 115 SE 2ND STREET, 2ND FLOOR 115 SE 2ND STREET, 2ND FLOOR GUUADIAA MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. 03052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-3121803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMOS, ANGELO P DEMOS, ANGELO P---Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE, SUITE 1700 MIAMI, FL 33131-3153 12601 SW 70th AVENUE City PINECREST 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, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPAS TITLE ☐ Delete TITLE ☐ Addition CONSTANTINO, TEODORO NAME NAME STREET ADDRESS C/O 115 SE 2ND STREET, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP **DVAS** Delete ☐ Addition ☐ Channe CONSTANTINO, ALICÍA NAME C/O 115 SE 2ND STREET, 2ND FLOOR STREET ADDRESS STREET ADDRESS GITY-ST-ZIP MIAMI, FL 331110239 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GOVANTES, CARLOS NAME NAME STREET ADDRESS 115 SE 2ND STREET, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331110239 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TZORTZAKIS, MARIA NAME NAME 115 SE 2ND STREET, 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 flustee 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #