


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000009286 1. Entity Name G.D.P. USA CORPORATION	
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Principal Place of Business 10239 NW 51 LN MIAMI, FL 33178 US	Mailing Address 10239 NW 51 LN MIAMI, FL 33178 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0719804	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 LAW FIRM OF MANFRED ROSENOW PA 10239 NW 51 RN MIAMI, FL 33178
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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 (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SGANGA, RAQUEL S 10239 N W 51 LN MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SGANGA, PIERO 10239 N W 51 LN MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIVAS, DORIAN 10239 N W 51 LN MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMONTADI, GIOVANNA 10239 N W 51 LN MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/06-80025-012 150.00

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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: SECRETARY 1/31/06 3054689658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #