2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009286

Address:

City-St-Zip:

10239 N W 51 LN

MIAMI, FL 33178

Entity Name: G.D.P. USA CORPORATION

FILED Apr 22, 2009 Secretary of State

Current Pi	incipal Place o	of Business:	New Principal Place of	New Principal Place of Business:	
10239 NW MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
10239 NW MIAMI, FL					
FEI Number:	65-0719804	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LAW FIRM 10239 NW MIAMI, FL	51 RN	ROSENOW PA	LAW FIRM OF MANFRE 10239 NW 51 LN MIAMI, FL 33178 US		
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/22/2009	
	Electronic	Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	M () [SGANGA, RAQUI 10239 N W 51 LI MIAMI, FL 3317	N	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	P ()[SGANGA, PIERO 10239 N W 51 LI MIAMI, FL 33178	N	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [VIVAS, DORIAN 10239 N W 51 LI MIAMI, FL 33178		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S ()[ALMONTADI. GIO	Delete DVANNA	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SGANGA PIERO P 04/22/2009