


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90026 012 ***150.00

DOCUMENT # P96000019595

1. Entity Name
PLASVALE USA, INC.



Principal Place of Business 1395 BRICKELL AVE SUITE 430 MIAMI FL 33131 US	Mailing Address 1395 BRICKELL AVE SUITE 430 MIAMI FL 33131 US
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2. Principal Place of Business 1395 Brickell Avenue	3. Mailing Address 1395 Brickell Avenue
Suite, Apt. #, etc. Suite 650	Suite, Apt. #, etc. Suite 650
City & State Miami, FL	City & State Miami, FL

1st MOORE CR2E034 (10/05)

Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.
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4. FEI Number 65-0679223	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THE STEWART LAW FIRM
 1395 BRICKELL AVE
 SUITE 430
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **The Stewart Law Firm**

Street Address (P.O. Box Number is Not Acceptable)
1395 Brickell Avenue, Suite 650

City **Miami** FL Zip Code **33131**

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 *RW Stewart, Pres* DATE 1.31.06

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

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete	NAME SCHMALZ, LEOPOLIO A
STREET ADDRESS RUA DR. NEREU RAMOS 750	CITY-ST-ZIP GASPAR, SANTA CATARINA BZ 89110-000
TITLE VP <input type="checkbox"/> Delete	NAME STEWART, MARIA C
STREET ADDRESS 1395 BRICKELL AVE, SUITE 430	CITY-ST-ZIP MIAMI FL 33131
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 Section 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: *Mcslat* DATE 1-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #