


**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P96000019595</b> 1. Entity Name <b>PLASVALE USA, INC.</b>			
Principal Place of Business <b>1395 BRICKELL AVE                  SUITE 650                  MIAMI, FL 33131 US</b>		Mailing Address <b>1395 BRICKELL AVE                  SUITE 650                  MIAMI, FL 33131 US</b>	
2. Principal Place of Business - No P.O. Box # <b>18001 Old Cutler Road</b>	3. Mailing Address <b>18001 Old Cutler Road</b>		
Suite, Apt. #, etc. <b>600</b>	Suite, Apt. #, etc. <b>600</b>		
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>		4. FEI Number <b>65-0679223</b>
Zip <b>33157</b>	Country	Zip <b>33157</b>	Country
6. Name and Address of Current Registered Agent  <b>STEWART, ROBERT W                  1395 BRICKELL AVE                  SUITE 650                  MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Stewart, Robert W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18001 Old Cutler Road</b> <b>Suite 600</b> City <b>Miami</b>	
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 agents. SIGNATURE: <u><i>[Signature]</i></u> <b>ROBERT W. STEWART, PRESIDENT</b>		Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  DATE: <b>2.28.08</b>	
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>SCHMALZ, LEOPOLIO A                  RUA DR. NEREU RAMOS 750                  GASPAR, SANTA CATARINA, BZ 89110000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <b>LEOPOLDO A. SCHMALZ, PRES,</b>		DATE: <b>2.28.08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

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