

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019595

FILED
Jan 14, 2009
Secretary of State

Entity Name: PLASVALE USA, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD
600
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD
600
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0679223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, ROBERT W
18001 OLD CUTLER RD STE 600
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMALZ, LEOPOLIO A
Address: RUA DR. NEREU RAMOS 750
City-St-Zip: GASPAS, SANTA CATARINA, BZ 89110000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHMALZ, LEOPOLDO A
Address: RUA DR. NEREU RAMOS 750
City-St-Zip: GASPAS, SANTA CATARINA, BZ 89110000

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.

SIGNATURE: LEOPOLDO A SCHMALZ

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date