

2005

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 13, 2005 8:00 am  
Secretary of State

04-13-2005 90042 044 \*\*\*150.00

40054607

DOCUMENT # P96000023185 1. Entity Name Awo Elerin IFA-LETI U.S.A., Inc.
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13550 S.W. 99th Ct. Suite, Apt. #, etc.	3. Mailing Address 13550 S.W. 99th Ct. Suite, Apt. #, etc.
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City & State Miami, FL Zip 33173-6117	Country USA	City & State Miami, FL Zip 33173-6117	Country USA
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4. FEI Number 65-0662359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Proenza, Maria E.	
Street Address (P.O. Box Number is Not Acceptable) 13550 S.W. 99th Ct.	
City Miami	FL Zip Code 33173-6117

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$300.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Proenza, Jorge F. 13550 S.W. 99th Ct. Miami, FL 33173-6117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Proenza, Maria E. 13550 S.W. 99th Ct. Miami, FL 33173-6117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE:	Jorge F. Proenza	4/19/05	305-232-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)