

2008

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90026 004 ***150.00

DOCUMENT # P96000023185	
1. Entity Name Awo Elerin IFA-LETI U.S.A., Inc.	

DO NOT WRITE IN THIS SPACE

40099897

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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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0662359	Applied For <input type="checkbox"/> Not Applicable
Zip 33173-6117	Country USA	Zip 33173-6117	Country USA
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
State 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 \$650.00
Amended UBR is \$61.25

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 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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CR2E034B (12/02)

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 305-232-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #