

**2009 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

09 MAY -4 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

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.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33173-6117 USA

Zip Country
33173-6117 USA

4. FEI Number
65-0662359

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 \$550.00
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	600155532116 05/06/09--01021--026 **150.00
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 4/9/09 305-232-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)