## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 08:00 AM Secretary of State

1. Entity Name	MENT # P9600004875 NNER U.S.A., INC.	54			50	cretar	y of State
Principal Place	e of Business	Mailing Address					
2660 NW 3R Miami, FL 33		2660 NW 3RD AVE MIAMI, FL 33127 US					
				01042007	No Chg-P	CR2E034 (	11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number			Applied For
				65-068057	78		Not Applicable
				5. Certificate of St	tatus Desired		75 Additional Required
6. Name and Address of Current Registered Agent							
CHANG, CHAO-HSIN 2660 NW 3RD AVE MIAMI, FL 33127					OT WI		
the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registe	red agent, or both, in	the State of Flori	ida. I am famili	iar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and at	ie il applicable (NOTE: Register	ed Agent signature require	d when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS	_				
TILE							
NAME STREET ADDRESS	CHANG, CHAO-HSIN 2660 NW 3RD AVE						
CITY-ST-ZIP	MIAMI, FL				Unona	00701117	,
TITLE			1		04/20/07	7-80044-	-019 150.00

DO NOT WRITE IN THIS SPACE

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 a address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

4/9/0

305-5762215

Daytime Phone 4