2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066103

Entity Name: NUEVA IDEA (USA), INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7132 S.W. 47 STREET 13350 SW 131 STREET MIAMI, FL 33155

UNIT # 106 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

7132 S.W. 47 STREET 13350 SW 131 STREET MIAMI, FL 33155 UNIT # 106

MIAMI, FL 33186

FEI Number: 65-0686664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CANAS, LISSETTE CANAS, LISSETTE 13350 SW 131 STREET 7132 SW 47 STREET MIAMI, FL 33155 UNIT # 106

MIAMI, FL 33186 US

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: 04/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

HANDAL, ALEJANDRO A Name: HANDAL, ALEJANDRO A 7132 S.W. 47 STREET 13350 SW 131 STREET UNIT # 106 Address:

Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33186

Title: VD Title: VD () Delete (X) Change () Addition Name: HANDAL, ALEJANDRO S Name: HANDAL, ALEJANDRO S

7132 S.W. 47 STREET 13350 SW 131 STREET UNIT # 106 Address: Address:

MIAMI, FL 33155 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD AZADIKHAH, HADY AZADIKHAH, HADY Name: Name:

7132 SW 47 STREET 13350 SW 131 STREET UNIT # 106 Address: Address:

City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change () Addition CANAS, LISSETTE R CANAS, LISSETTE R Name: Name:

Address: 7132 SW 47 STREET Address: 13350 SW 131 STREET UNIT # 106

City-St-Zip: City-St-Zip: MIAMI, FL 33155 MIAMI, FL 33186

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: LISSETTE CANAS TD 04/24/2009