

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 026 ***150.00

DOCUMENT # P97000022989

1. Entity Name
CITCO FUND SERVICES (USA) INC.



Principal Place of Business
**C/O CITCO CORPORATE SERVICES INC.
701 BRICKELL AVENUE, 12TH FLOOR
MIAMI, FL 33131**

Mailing Address
**C/O CITCO CORPORATE SERVICES INC.
701 BRICKELL AVENUE, 12TH FLOOR
MIAMI, FL 33131**

20007951

2. Principal Place of Business - No P.O. Box #
C/O Citco Corporate Services, Inc.
Suite, Apt. #, etc **701 Brickell Ave. Suite 2600**

3. Mailing Address
C/O Citco Corporate Services, Inc.
Suite, Apt. #, etc **701 Brickell Ave. Suite 2600**



03142007 Chg-P CR2E034 (12/06)

City & State Miami, FL	Country USA	Zip 33131	City & State Miami, FL	Country USA	Zip 33131
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4. FEI Number 65-0746891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CITCO CORPORATE SERVICES INC. 701 BRICKELL AVENUE 12TH FLOOR MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 2600 City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANSEN, BASTIAAN 701 BRICKELL AVE, STE 1270 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S Jansen, Bastiaan 701 Brickell Avenue, Suite 2600 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEUNEN, WILLIAM 701 BRICKELL AVE STE 1270 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Keunen, William 701 Brickell Avenue, Suite 2600 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **03/30/07** Daytime Phone # _____