

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000087011

1. Entity Name
SEGADUANCA U.S.A., CORP.



08 OCT 27 PM 2:24

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2912 NW 72 AVE
MIAMI, FL 33122 US

Mailing Address
2912 NW 72 AVE
MIAMI, FL 33122 US

2. Principal Place of Business - No P.O. Box #
2818 NW 72 Ave

3. Mailing Address
2818 NW 72 Ave

Suite, Apt. #, etc.



10222008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33122

Country
USA

4. FEI Number
65-0786399

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUASCHI DE CHACIN SILVIA
11212 NW 73 ST
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACIN, ALBERTO J 2912 NW 72 AVE MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACIN ALBERTO J. 2818 NW 72 Ave MIAMI FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CHACIN, SILVIA GUACHI 2912 NW 72 AVE MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CHACIN SILVIA GUASCHI 2818 NW 72 Ave MIAMI FL 33122 <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	400137329184 10/27/08--01061--020 **70.00 <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
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: Alberto Chacin ALBERTO CHACIN 10.32.2008 (305) 5936833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/28/08