

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 035 ***150.00

DOCUMENT # P98000078091

1. Entity Name
ZUAREE (USA), INC.



Principal Place of Business

19575 BISCAYNE BLVD
AVENTURA MALL #503
MIAMI, FL 33180 US

Mailing Address

19575 BISCAYNE BLVD
AVENTURA MALL #503
MIAMI, FL 33180 US

2. Principal Place of Business - No P.O. Box #

2101 BRICKELL AVE

Suite, Apt. #, etc.

SUITE: 805

City & State

MIAMI, FL

3. Mailing Address

PO Box: 310836

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33129

Country

USA

Zip

33231

Country

USA

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number

66-0556816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEBA, JOHN ☐ Delete
STREET ADDRESS 19575 BISCAYNE BOULEVARD - #503
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box: 310836
CITY-ST-ZIP MIAMI, FL 33231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John Seba
John SEBA

01/08/08

(305) 321-5447

Date

Daytime Phone #