2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P99000012619

Entity Name: TRAX USA CORP.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 500
COCONUT GROVE, FL 331335448 US

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 500
COCONUT GROVE, FL 331335448 US

New Mailing Address:

FEI Number: 65-0893518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, PARRA
2665 SOUTH BAYSHORE DRIVE
SUITE 500
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

PARRA, HENRY VP
2665 SOUTH BAYSHORE DRIVE
SUITE 500
COCONUT GROVE, FL 33133 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: HENRY PARRA 01/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PARRA, HENRY
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D ( ) Delete
Name: ESCOBAR, LIDIA
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: P ( ) Delete
Name: ALMEIDA, JOSE A
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D ( ) Delete
Name: REED, CHRISTOPHER I
Address: BIENVENU, CHESTWORTH LANE
City-St-Zip: HORSHAM, WS RH13 5AJ EN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: REED, CHRISTOPHER I
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133 US

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: HENRY PARRA VP 01/09/2008
Electronic Signature of Signing Officer or Director Date