2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT # P99000019879** 1. Entity Name OROCAFE USA INC. Principal Place of Business Mailing Address 848 BRICKELL AVE 848 BRICKELL AVE STE 830 **STE 830** MIAMI, FL 33131 MIAMI, FL 33131 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0898344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARTIN, MIGUEL A MA MARTIN & ASSOCIATES 848 BRICKELL AVE STE 830 IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PEREZ-ALBERT, CARLOS 848 BRICKELL AVE STE 830 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE ENAMORADO, KAREN NAME 000000327892 848 BRICKELL AVE STE 830 STREET ADORESS 04/25/05-80055-021 150.00 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 wher like empowered.

SIGNATURE: MINISTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VIDES YERE-Albert 4/7/05 (305)374-4422