2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State
04-15-2008 90018 041 ***150.00

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1. Entity Name
INVERSIONES ROA SOLANO USA, INC.

Principal Place of Business	Mailing Address
104 CRANDON BLVD., SUITE 302 KEY BISCAYNE, FL 33149	104 CRANDON BLVD., SUITE 302 KEY BISCAYNE, FL 33149

03262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
104 CRANDON BLVD.	104 CRANDON BLVD.
Suite, Apt. #, etc. SUITE 302	Suite, Apt. #, etc. SUITE 302
City & State KEY BISCAYNE, FL	City & State KEY BISCAYNE, FL
Zip / Country 33149 / USA	Zip / Country 33149 / USA

4. FEI Number
65-0919970
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROA, ANIBAL 104 CRANDON BLVD., SUITE 302 KEY BISCAYNE, FL 33149	Name: ANIBAL ROA V. Street Address (P.O. Box Number is Not Acceptable): 104 CRANDON BLVD. SUITE 302 City: KEY BISCAYNE **FL** Zip Code: 33149

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VILLAMIL, ANIBAL R 789 CRANDON BVD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANIBAL ROA V. 104 CRANDON BLVD. SUITE 302 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOLANO DE ROA, CLARA I 789 CRANDON BVD KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLARA I. SOLANO DE ROA 104 CRANDON BLVD. SUITE 302 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROA SOLANO, ANIBAL 104 CRANDON BLVD. KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANIBAL ROA S. 104 CRANDON BLVD. SUITE 302 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROA SOLANO, ANDRES F 104 CRANDON BLVD. KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRES F. ROA 104 CRANDON BLVD. SUITE 302 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROA SOLANO, JUAN D 104 CRANDON BLVD. KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUAN D. ROA 104 CRANDON BLVD. SUITE 302 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 — Daytime Phone #