2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049659

Name:

Address:

City-St-Zip:

UGOLINI, PAOLA

5599 BISCAYNE BLVD.

MIAMI, FL 33137 US

FILED Mar 09, 2008 Secretary of State

Entity Name: A.B.C. U.S.A., INC.				
Current Principal Place of Business:			New Principal Place of Business:	
5599 BISC MIAMI, FL	AYNE BLVD. 33137 US			
Current Mailing Address:			New Mailing Address:	
1548 BRICKELL AVENUE MIAMI, FL 331291210 US			1410 20TH STREET UNIT 214 MIAMI BEACH, FL 33139 US	
FEI Number:	65-0973369	FEI Number Applied For () FEI Num	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC 1548 BRICKELL AVENUE MIAMI, FL 331291210 US			PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC 1410 20TH STREET UNIT 214 MIAMI BEACH, FL 33139 US	
The above in the State		ubmits this statement for the purpose o	of changing its registered o	office or registered agent, or both,
SIGNATURE: PIERO SALUSSOLIA			03/09/2008	
	Electroni	c Signature of Registered Agent		Date
Election Can	npaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () ZINI, FERNANDO 834 OCEAN DRI MIAMI BEACH, F	VE SUITE 501	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	VPTS () FICHERA, GIUS 5599 BISCAYNE MIAMI, FL 3313	BLVD	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title [.]	VP ()	Delete	Title: ()	Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ZINI FERNANDO DP 03/09/2008