

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082565

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: FIGUERAS SEATING USA, INC.

**Current Principal Place of Business:**

153 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 331140668

**New Mailing Address:**

FEI Number: 65-0987554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FREEMAN, MICHAEL J  
Address: PO BOX 140668  
City-St-Zip: CORAL GABLES, FL 331140668

Title: PD      ( ) Delete  
Name: FIGUERAS, JOSE  
Address: P. O. BOX 140668  
City-St-Zip: CORAL GABLES, FL 33134

Title: V      ( ) Delete  
Name: DEVRIES, ROBERT  
Address: 1908 N.W. 84TH AVE.  
City-St-Zip: MIAMI, FL 33126

**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:

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: ROBERT DEVRIES

VP

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date