2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102604

FILED Apr 17, 2007 Secretary of State

Entity Name: BUY CHILE U.S.A. MARKETING CONNECTION CORP.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
9010 SOUTH SUITE 205 MIAMI, FL 33	HWEST 137TH 3186	I AVENUE			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
9010 SOUTH SUITE 205 MIAMI, FL 33	HWEST 137TH 3186	I AVENUE			
FEI Number: 65	5-1027032	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
DAVIES. MAF					
9010 SW - 13 # 205 MIAMI, FL 33	3186 US amed entity su f Florida.	bmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
9010 SVV - 13 # 205 MIAMI, FL 33 The above na n the State o	3186 US amed entity su f Florida. ::	bmits this statement for the process of the process of the statement for the stat		d office or registered agent, or both, Date	
9010 SW - 13 # 205 MIAMI, FL 33 The above na n the State o	3186 US amed entity su f Florida. ::Electronic	·			
9010 SW - 13 # 205 MIAMI, FL 33 The above na n the State of SIGNATURE	3186 US amed entity su f Florida. ::Electronic	Signature of Registered Age	nt		
9010 SW - 13 # 205 MIAMI, FL 33 The above nanthe State of SIGNATURE Election Campa OFFICERS A Title: F Name: C Address: 6	amed entity surf Florida. Electronical aign Financing AND DIRECTORY PSTD () DOLORIES, MARIA I	Signature of Registered Age Frust Fund Contribution (). ORS: Delete ST 147TH AVENUE UNIT 36	nt	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA DAVIES OFFI 04/17/2007