## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000105831

1. Entity Name

PROYECTECH USA CORP.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business 822 WEST BRYAN ST KISSIMMEE, FL 34741 Mailing Address

822 WEST BRYAN ST KISSIMMEE, FL 34741

US



DO NOT WRITE IN THIS SPACE

	]  ]	83 31  E   83 8  8  8      138    18    18	
01302007	No Chg-P	CR2E034 (11/05)	

4. FEI Number	 Applied For	
65-0968275	 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEJIA, DIEGO A AYALA 322 E. CENTRAL BLVD ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or	registered agent, or bo	oth, in the State of Florida. I am fam	iliar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regist	lered Agent signatur	e required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees	U00000644366 03/02/07-80039-01	9 150.00		
10.	OFFICERS AND DIREC	TORS		; ( ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AYALA MEJIA, DIEGO A 822 WEST BRYAN STREET KISSIMMEE, FL 34741					•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN THIS SPACE				
TITLE								

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 the empowered.

SIGNATURE: 3

STREET ADDRESS City-St-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1170 104

Daylime Phone #