2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P99000108706

Entity Name: FIRST POINT U.S.A., INC.

Current Principal Place of Business:

1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0967649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1410 20TH STREET
UNIT 214
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FILIPPI, NICOLA
Address: VIA VERDI 72
City-St-Zip: MIRANO, VE 30035 IT

Title: D (X) Delete
Name: SIMONATO, DARIA
Address: VIA VERDI 72
City-St-Zip: MIRANO, VE 30035 IT

Title: P,S (X) Delete
Name: FILIPPI, NICOLA
Address: VIA VERDI 72
City-St-Zip: MIRANO, VE 30035 IT

Title: VP,T (X) Delete
Name: SIMONATO, DARIA
Address: VIA VERDI 72
City-St-Zip: MIRANO, VE 33035 IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition
Name: FILIPPI, NICOLA
Address: VIA VERDI 72
City-St-Zip: MIRANO, VE 30035 IT

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: NICOLA FILIPPI DPTS 04/13/2009

Electronic Signature of Signing Officer or Director Date