


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

02-25-2008 90043 003 ***150.00

DOCUMENT # F05000003229

1. Entity Name
OHL USA, INC.



Principal Place of Business CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023, XX	Mailing Address CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023, XX
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66007211



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address 405 SW 148 AVE. SUITE ONE
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04042008 Chg-P CR2E034 (12/06)

City & State DAVIE, FLORIDA	4. FEI Number 98-0461222	Applied For <input type="checkbox"/> Not Applicable
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Zip 33325	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANDRES, FRANCISCO MARI CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LAURO BRAVAR 405 SW 148 AVE. DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO M. REN SOTOMAYOR 405 SW 148 AVE DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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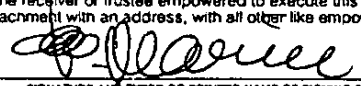
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 like empowered.

SIGNATURE:  DATE: 04/04/08 **3058109704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/25/2008-90043-003-\$150.00-\$150.00

DOCUMENT # F05000003229 1. Entity Name OHL USA, INC.		
Principal Place of Business CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023, XX		Mailing Address CALLE GOBELAS, NO. 35-37 MADRID, SPAIN 28023, XX
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">66007211</div> 01162008 Chg-P CR2E034 (12/06)
4. FEI Number 98-0461222		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name MIDIALYS RIVERO Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE SUITE 287 City MIAMI FL Zip Code 33173
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1; 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CEO LAURO BRAVAR 405 SW 148 AVE DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CFO MIREN SOTOMAYOR 405 SW 148 AVE DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		Date: 02/17/08 Daytime Phone #: 305 810 9704