

2007 FOR PROFIT CORPORATION ANNUAL REPORT


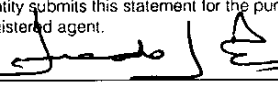
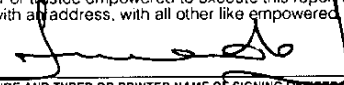
FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90048 026 ***150.00

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02152007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000051736			
1. Entity Name DAICRI USA CORP.		Principal Place of Business 527 EAST 9TH ST 8 HIALEAH, FL 33010	
Mailing Address 527 EAST 9TH ST 8 HIALEAH, FL 33010			
2. Principal Place of Business - No P.O. Box # 17304 WALKER AVE		3. Mailing Address	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33157	Country USA	Zip	Country
4. FEI Number 65-1107189		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 JAKOVCEVIC, LEONARDO M 4478 S.W. 10 ST MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  President		DATE 02-15-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAKOVCEVIC, LEONARDO M 527 E. 9TH ST. SUITE #8 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAKOVCEVIC, LEONARDO M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4478 SW 10th ST MIAMI, FL, 33134
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 02-15-07 786 290 7353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	