


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90020 043 \*\*\*150.00

**DOCUMENT # K23810**  
 1. Entity Name  
**REINDISA (USA), INC.**



Principal Place of Business  
**848 BRICKELL AVE. PENTHOUSE K Suite 700 MIAMI FL 33131 US**

Mailing Address  
**848 BRICKELL AVE. PENTHOUSE K Suite 700 MIAMI FL 33131 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **52-1567282** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MURAI, WALD, BIONDO, MATTHEWS & MORENO PA  
 25 SE SECOND AVE  
 SUITE 900  
 MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS <input type="checkbox"/> Delete
NAME	ARDID, JOSE
STREET ADDRESS	848 BRICKELL AVE., PENTHOUSE K Suite 700
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DVT <input type="checkbox"/> Delete
NAME	ARDID, MIGUEL
STREET ADDRESS	848 BRICKELL AVE., PENTHOUSE K Suite 700
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	MUNOZ, GONZALO
STREET ADDRESS	848 BRICKELL AVE., PENTHOUSE I
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	ARDIO, INIGO
STREET ADDRESS	848 BRICKELL AVE., PENTHOUSE K Suite 700
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	DIEGO, ARDID
STREET ADDRESS	848 BRICKELL AVE., PENTHOUSE K Suite 700
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Diego Ardid **Diego Ardid Director** **March 12, 2004** **(305)377-1001**

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