

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2005
Secretary of State**

DOCUMENT# N03000005685

Entity Name: ADHONEP USA, INC.

Current Principal Place of Business:

7300 W. CAMINO REAL
102
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7300 W. CAMINO REAL
102
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 56-2411706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERLY, ROSEMBERG
4903 NW 59TH CT
COCONUT CREEK, FL 33073 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: P () Delete
Name: VERLY, ROSEMBERG
Address: 4903 NW 59TH CTD STE F
City-St-Zip: COCONUT CREEK, FL 33073

Title: V () Delete
Name: MULLER, SERGIO
Address: 55 CENTENNIAL CT
City-St-Zip: DEERFIELD BCH, FL 33442

Title: V () Delete
Name: CHAVES, NELSON
Address: 3485 PINE DR #102
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: FAVARETTO, ANTONIO
Address: 6348 WALK CIR
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: MAGNANI, DECIO
Address: 648 NW 111TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VERLY, ROSEMBERG C PRES
Address: 4903 NW 59TH CTD STE F
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CHAVES, NELSON
Address: 5520 LAKESIDE DRIVE # 206
City-St-Zip: MARGATE, FL 33063

Title: T (X) Change () Addition
Name: FAVARETTO, ANTONIO C
Address: 6348 WALK CIR
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMBERG VERLY

P

04/23/2005

Electronic Signature of Signing Officer or Director

Date