2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -6 AM 11:11

DOCUMENT # P00000023762

1. Entity Name
THE SNAP ORGANISATION USA, INC.

Principal Place of Business	Mailing Address
650 WEST AVENUE SUITE 801 MIAMI BEACH, FL 33139	650 WEST AVENUE SUITE 801 MIAMI BEACH, FL 33139

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1000 SOUTH POINT DR		1000 SOUTH POINT DR	
Suite, Apt. #, etc.: SUITE 3502		Suite, Apt. #, etc.: SUITE 3502	
City & State: MIAMI BEACH FL		City & State: MIAMI BEACH FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number 65-0987248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAUGH, JAMES
650 WEST AVENUE
SUITE 801
MIAMI BEACH, FL 33139

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 [signature] 07-01-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAUGH, JAMES 650 WEST AVENUE SUITE 801 MIAMI BEACH, FL 33139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAUGH, JAMES 1000 SOUTH POINT DR SUITE 3502 MIAMI BEACH FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400039125874 07/14/04--01046--004 **1200.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 07-01-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #