## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # P00000094661 COUROMODA USA INC. Mailing Address Principal Place of Business 2315 NW 107 AVE 2315 NW 107 AVE SUITE M56-57 MIAMI, FL 33172 SUITE M56-57 MIAMI, FL 33172 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1080318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. DO NOT WRITE ONE SE 3RD AVENUE 28TH FLOOR MIAMI, FL 33131 IN THIS SPACE 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, typedie: printed name of registered agent and title if applicable INCTE Registered Agent signature required when reinstating) DATE U00000125973 /23/04-80015-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DOS SANTOS, J. FRANCISCO STREET ADDRESS 777 NW 72ND AVENUE STE 3A20 CITY-ST-ZIP MIAMI, FL 33126 TITLE SANTOS, WALESKA NAME STREET ADDRESS 777 NW 72ND AVENUE STE 3A20 CITY-ST-ZIP MIAMI, FL 33126 DDE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TILE 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.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/20/04 786-275-0091