

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90054 047 \*\*\*150.00

34032010



02262004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000016234			
1. Entity Name NUFORMA USA, INC.			
Principal Place of Business 16866 SW 51 STREET MIRAMAR, FL 33027		Mailing Address 16866 SW 51 STREET MIRAMAR, FL 33027	
2. Principal Place of Business 7593 N.W. 8th Street		3. Mailing Address 7593 N.W. 8th Street	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc. Suite #5	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country	Zip 33126	Country
4. FEI Number 65-1097211		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		7. Name and Address of New Registered Agent	
SILEBI, FRANKLIN 16866 SW 51 STREET MIRAMAR, FL 33027		Name SILEBI, FRANKLIN	
		Street Address (P.O. Box Number is Not Acceptable) 7593 NW 8TH STREET SUITE #5	
		City MIAMI	
		FL Zip Code 33126	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	DP SILEBI, FRANKLIN 16866 SW 51 STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILEBI, FRANKLIN 7593 NW 8TH STREET SUITE #5 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIFMAN, ALFREDO GRU 16866 SW 51 STREET MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MURCIA SAMUDIO, ALVARO 7593 NW 8TH STREET SUITE #5 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUDIO, ALVARO M 16866 SW 51 STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILEBI, MYRIAM 7593 NW 8TH STREET SUITE #5 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAHER DE MURCIA, VIOLETA 7593 NW 8TH STREET SUITE #5 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: _____		Date 03/17/04	Daytime Phone # 9546839736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #