


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90155 027 \*\*\*150.00

**DOCUMENT # P01000016234**

1. Entity Name  
**NUFORMA USA, INC.**



Principal Place of Business  
**7593 NW 8TH STREET  
 SUITE 5  
 MIAMI, FL 33126**

Mailing Address  
**7593 NW 8TH STREET  
 SUITE 5  
 MIAMI, FL 33126**

**50019207**



2. Principal Place of Business  
**3661 S. Miami Ave.  
 Suite 108**

3. Mailing Address  
**3661 S. Miami Ave.  
 Suite 108**

02222005 Chg-P CR2E034 (10/03)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

4. FEI Number  
**65-1097211**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILEBI, FRANKLIN  
 7593 NW 8TH STREET SUITE #5  
 MIAMI, FL 33126**

7. Name and Address of New Registered Agent

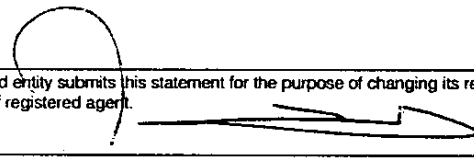
Name  
**Franklin Silebi**

Street Address (P.O. Box Number is Not Acceptable)  
**3661 S. Miami Ave  
 Suite 108**

City  
**Miami**

FL Zip Code  
**33133**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SILEBI, FRANKLIN	7593 NW 8TH ST. SUITE 5	MIRAMAR, FL 33027	<input type="checkbox"/>
DTS	MURCIA SAMUDIO, ALVARO	7593 NW 8TH ST. SUITE 5	MIAMI, FL 33126	<input type="checkbox"/>
VP	SILEBI, MYRIAM	7593 NW 8TH ST. SUITE 5	MIAMI, FL 33126	<input type="checkbox"/>
VP	ZAHER DE MURCIA, VIOLETA	7593 NW 8TH STREET SUITE 5	MIAMI, FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	Silebi, Franklin	3661 S. Miami Ave, suite 108	Miami, Florida 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DTS	MURCIA Samudio, Alvaro	3661 S. Miami Ave, Suite 108	MIAMI, Florida 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Silebi, Myriam	3661 S. Miami Ave, suite 108	MIAMI, Florida 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	ZAHER De Murcia, Violeta	3661 S. Miami Ave, suite 108	MIAMI, Florida 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **2/28/05** DAYTIME PHONE #: **305 858 3900**

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