


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90030 026 ***150.00

DOCUMENT # P01000080056	
1. Entity Name MOMENTUM TRANSPORTATION - USA, INC.	

Principal Place of Business 11554 DAVIS CREEK COURT JACKSONVILLE FL 32256 32257 5220 SHAD ROAD SUITE 404	Mailing Address 6006 SIESTA DEL RIO DRIVE JACKSONVILLE FL 32258 32257
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MOORE CR2E034 (11/03)

2. Principal Place of Business 5220 SHAD ROAD	3. Mailing Address 5220 SHAD ROAD
Suite, Apt. #, etc. SUITE 404	Suite, Apt. #, etc. SUITE 404
City & State JAX FLA	City & State JAX FLA
Zip 32257	Country USA

4. FEI Number 59-3743337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LESTER, DON H ESQ LESTER & MITCHELL, P.A. 1035 LASALLE STREET JACKSONVILLE FL 32207	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTZKE, BRIAN 11554 DAVIS CREEK COURT JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 SHAD ROAD # 404 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WYBLE, BRENT 11554 DAVIS CREEK CT JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIE, STEPHEN 11554 DAVIS CREEK CT JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABDELNOUR, GERALD 11554 DAVIS CREEK CT JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: G.N. ABDELNOUR 2-2-04 904-493-0531

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