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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/11

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DOCUMENT # P02000024805			
1. Entity Name I.O.C.A. USA INC.			
Principal Place of Business 2648 N.W. 112TH AVE. MIAMI, FL 33172		Mailing Address 2648 N.W. 112TH AVE. MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address <u>7575 W. Flagler ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>204</u>	
City & State		City & State <u>MIAMI FL</u>	
Zip	Country	Zip	Country
		<u>33144</u>	<u>USA</u>
4. FEI Number <u>02-0565262</u>		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 CARRASCO, ANA MARIA 2648 N.W. 112TH AVE. MIAMI, FL 33172		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW!!! FEE IS \$500.00 Due by September 8, 2004		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	TITLE	NAME
PD	CARRASCO, ANA MARIA		
STREET ADDRESS	2648 N.W. 112TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
VD	PASCHALIDES, ASTRID		
STREET ADDRESS	2648 N.W. 112TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	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.			
SIGNATURE: <u>Ana M. Carrasco</u>		Date: <u>8/1/04</u>	