2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2004 8:00 am **Secretary of State DOCUMENT # P02000056528** 1. Entity Name 03-22-2004 90054 046 ***150.00 ALMACAR USA, CORP. Principal Place of Business Mailing Address 6991 NW 50 ST 6991 NW 50 ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 81-0554474 Not Applicable Ziο Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, DIDIMO Street Address (P.O. Box Number is Not Acceptable) 6991 NW 50 ST **MIAMI FL 33166** City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TID F ☐ Delete TITLE Change Addition NAME GOMEZ GUTIERREZ, LEONARDO NAME OVIEDO ANTON, ALEJANDRO STREET ADDRESS CALLE NSTA SRA DEL VALLE, QTA RANCHO STREET ADDRESS Calle Larez Edf. Karisma #7C CITY-ST-ZIP GRANDE EL VALLE ISLA DE MAR CITY-ST-ZIP <u>Isla de Margarita -</u> TITLE ☐ Delete TITLE Change ☐ Addition MARTINEZ, DIDIMO NAME NAME 8224 NW 8 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the corporation or the receiver or trustee the properties of the propert

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DIDIMO HARTINEZ

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