


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90275 018 ***150.00

DOCUMENT # P02000062332

1. Entity Name
ROSSLAND USA, INC.



Principal Place of Business Mailing Address
848 BRICKELL AVENUE, SUITE 700 **848 BRICKELL AVENUE, SUITE 700**
MIAMI, FL 33131 **MIAMI, FL 33131**

14010600

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01052005 Chg-P CR2E034 (10/03)

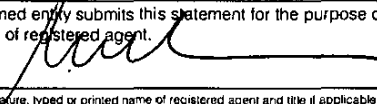
4. FEI Number Applied For
01-0749362 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MURAI, WALD BIONDO & MORENO, P.A. **Murai Wald Biondo Moreno & Brochin PA.**
25 S.E. 2ND AVENUE **Two Alhambra Plaza**
900 INGRHAM **Penthouse 1B**
MIAMI, FL 33131 **Coral Gables FL 33134**

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:  **Rene V. Murai** **4/18/05**
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
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORRES, FERNANDO A			NAME			
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARDID, JOSE			NAME			
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARDID, INIGO			NAME			
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARDID, DIEGO			NAME			
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 700			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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:  **Jose Ardid** **4/18/05** **305-377-1001**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #