


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 025 ***150.00

DOCUMENT # P02000066730
 1. Entity Name
ATHLOS (U.S.) INVESTMENTS, INC.



Principal Place of Business
701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131

54022726



2. Principal Place of Business
1111 BRICKELL AVENUE
 Suite, Apt. #, etc.
SUITE 1300

3. Mailing Address
P.O. BOX 45-0963
 Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
04-3688891

Applied For
 Not Applicable

Zip
33131

Country
USA

Zip
33245-0963

Country
USA

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

6. Name and Address of Current Registered Agent
MONTELLO & KENNEY, P.A.
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STAVRINIDES, MICHALIS 701 BRICKELL AVENUE, SUITE 1550 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 BRICKELL AVENUE SUITE 1300 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUANT, ERNESTO 701 BRICKELL AVENUE, SUITE 1550 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 BRICKELL AVENUE SUITE 1300 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEVILLA-SACASA, MARCELA 701 BRICKELL AVENUE, SUITE 1550 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 BRICKELL AVENUE SUITE 1300 MIAMI FL 33131
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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: *Michalis Stavrinides* **MICHALIS STAVRINIDES** 3/18/04 (305) 372 8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #