

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 024 ***150.00

DOCUMENT # P03000031201	
1. Entity Name GBN USA CORP.	

Principal Place of Business 1315 WEST 29 STREET #103 HIALEAH, FL 33012	Mailing Address 1315 WEST 29 STREET #103 HIALEAH, FL 33012
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2. Principal Place of Business 1281 W 44 ST	3. Mailing Address 1281 W 44 ST
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33012	Country MIAMI DASH



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 42-1581591		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
BERDUT, JOEL 1315 WEST 29 STREET #103 HIALEAH, FL 33012		
7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) 1281 W 44 ST # 2 City HIALEAH FL Zip Code 33012		

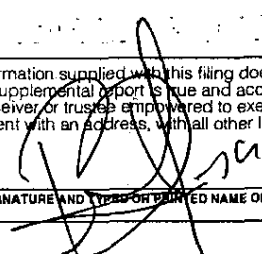
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERDUT, JOEL 1315 WEST 29 STREET #103 HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **JOEL BERDUT** 4/1/04 (305) 975-0412
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #