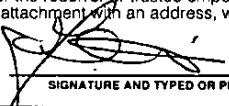


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102202 1. Entity Name REVEEX USA, INC.					
Principal Place of Business 132 MINORCA AVE. CORAL GABLES, FL 33134			Mailing Address 132 MINORCA AVE. CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 98-0430000	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRITO, LEONARDO ESQ. 1001 BRICKELL BAY DR., STE. 1812 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROYO, CARLOS C REVEEX, GALPON 3-A, MARACAY, ESTADO ARAGUA, VENEZUELA.	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cabanes, Carlos Reveex, Galpon 3-A, Maracay, Estado Aragua, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORBA, DAVID M REVEEX, GALPON 3-A, MARACAY, ESTADO ARAGUA, VENEZUELA.	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Morella, David Reveex, Galpon 3-A, Maracay, Estado Aragua, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALO, JOSE M REVEEX, GALPON 3-A, MARACAY, ESTADO ARAGUA, VENEZUELA.	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salo, Jose Reveex, Galpon 3-A, Maracay, Estado Aragua, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, JUAN REVEEX, GALPON 3-A, MARACAY, ESTADO ARAGUA, VENEZUELA.	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Carrion, Juan Reveex, Galpon 3-A, Maracay, Estado Aragua, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS 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:  JUAN CARRION					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 01/25/05 Daytime Phone #: +58-243-5517061					

FILED

05 FEB -8 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212005 Chg-P CR2E034 (10/03)

4. FEI Number 98-0430000 Applied For 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

BRITO, LEONARDO ESQ.
1001 BRICKELL BAY DR., STE. 1812
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROYO, CARLOS C
REVEEX, GALPON 3-A, MARACAY, ESTADO
ARAGUA, VENEZUELA.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Cabanes, Carlos
Reveex, Galpon 3-A, Maracay, Estado
Aragua, Venezuela

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JORBA, DAVID M
REVEEX, GALPON 3-A, MARACAY, ESTADO
ARAGUA, VENEZUELA.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Morella, David
Reveex, Galpon 3-A, Maracay, Estado
Aragua, Venezuela

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALO, JOSE M
REVEEX, GALPON 3-A, MARACAY, ESTADO
ARAGUA, VENEZUELA.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Salo, Jose
Reveex, Galpon 3-A, Maracay, Estado
Aragua, Venezuela

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARRION, JUAN
REVEEX, GALPON 3-A, MARACAY, ESTADO
ARAGUA, VENEZUELA.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S/T
Carrion, Juan
Reveex, Galpon 3-A, Maracay, Estado
Aragua, Venezuela

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800046816908
02/17/05--01058--012 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

JUAN CARRION

01/25/05 +58-243-5517061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #