
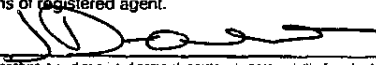
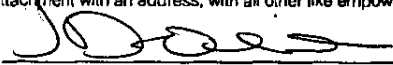


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

5/:

05-03-2004 91065 007 \*\*\*150.00

<b>DOCUMENT # P95000003126</b>					
1. Entity Name USA LABS, INC.					
Principal Place of Business <del>1701 NW 87TH AVE SUITE 200 MIAMI FL 33172</del> 201 Alhambra Cir. Ste. 501 Coral Gables, FL 33134			Mailing Address 1701 NW 87TH AVE SUITE 200 MIAMI FL 33172 Same		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0549833</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DALMAU, JAVIER</b> 1701 NW 87TH AVE MIAMI FL 33172 201 Alhambra Circle Ste. 501 Coral Gables, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALMAU, JORDI		NAME	201 Alhambra Cir Suite 501	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP	MEDLEY FL 33166		CITY-ST-ZIP	FL 33134	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALMAU, AURORA G		NAME	201 Alhambra Cir Suite 501	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP	MEDLEY FL 33166		CITY-ST-ZIP	FL 33134	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALMAU, JORGE A		NAME	201 Alhambra Circle, Ste. 501	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	FL 33134	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALMAU, JAVIER		NAME	201 Alhambra Circle, Ste. 501	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP	MEDLEY FL 33166		CITY-ST-ZIP	FL 33134	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOFUS, ROBERT		NAME	delete	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL 33166		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALMAU, LAURA		NAME	201 Alhambra Circle, Ste. 501	
STREET ADDRESS	8055 NW 77 COURT, SUITE 5		STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP	MEDLEY FL 33166		CITY-ST-ZIP	FL 33134	
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: 		06/01/04		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66426179



MOORE CR2E034 (11/03)