


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000094447**

1. Entity Name  
**EMERGIA USA, INC.**



Principal Place of Business <b>1221 BRICKELL AVENUE          6TH FLOOR          MIAMI, FL 33131 US</b>	Mailing Address <b>1221 BRICKELL AVENUE          6TH FLOOR          MIAMI, FL 33131 US</b>
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03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0961900</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 reappointing)

**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**

000000097600  
 03/29/04-80007-008 150.00

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>SARAVIA, EDUARDO</b>
STREET ADDRESS <b>1221 BRICKELL AVENUE 6TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>DVP</b>	<b>GUILLERMO, CANETE</b>
STREET ADDRESS <b>1221 BRICKELL AVENUE 6TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>S</b>	<b>PIZARRO, MARIA D</b>
STREET ADDRESS <b>1221 BRICKELL AVENUE 6TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>	
TITLE <b>NAME</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	
STREET ADDRESS <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 23/04 (787) 273-5629*  
Date Daytime Phone #