


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91036 025 ***150.00

DOCUMENT # V67458	
1. Entity Name ORGANICA USA, INC.	

Principal Place of Business 8130 N.W. 56TH ST. MIAMI FL 33166	Mailing Address 8130 N.W. 56TH ST. MIAMI FL 33166
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0364612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

B. 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 DPT <input type="checkbox"/> Delete	NAME BARANEK, MILAN T.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 N.W. 56 ST.	CITY-ST-ZIP MIAMI FL	NAME	
TITLE DVS <input type="checkbox"/> Delete	NAME BARANEK, EVA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 N.W. 56 ST.	CITY-ST-ZIP MIAMI FL	NAME	
TITLE VP <input type="checkbox"/> Delete	NAME DENIGHT, SCOTT	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 NW 56 STREET	CITY-ST-ZIP MIAMI FL	NAME	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	

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) Date **2-14-04** Daytime Phone # **1-800-933-3089 305-477-6508**