


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 037 ***158.75

DOCUMENT # P99000086339			
1. Entity Name ALUMINA USA, INC.			
Principal Place of Business 2100 CORAL WAY SUITE 203 MIAMI, FL 33145		Mailing Address 2100 CORAL WAY SUITE 203 MIAMI, FL 33145	
2. Principal Place of Business 4000 PONCE DE LEON		3. Mailing Address 4000 PONCE DE LEON	
State Apt # etc. SUITE 450		State Apt # etc. SUITE 450	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33146 Country USA		Zip 33146 Country USA	
4. FEI Number 65-0951392		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINSON, WESLEY M ESQ. 501 BRICKELL KEY DRIVE SUITE 504 MIAMI, FL 33131		Name Street Address (P.O. Box Numbers Not Acceptable) 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 _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY ST ZIP	D GARCIA, LUIS MIGUEL 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D GARCIA, LUIS MIGUEL 4000 PONCE DE LEON - SUITE 400 CORAL GABLES, FLORIDA 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANTO DOMINGO, FELIPE 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D SANTO DOMINGO, FELIPE 12 TURTLE WALK KEY BISCAYNE, FLORIDA 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P SANTO DOMINGO, MIGUEL 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P SANTO DOMINGO, MIGUEL 2127 BRICKELL AVENUE - APT. 602 MIAMI, FLORIDA 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP CALLEJAS, MARIO 2100 CORAL WAY SUITE 203 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP MCALLEJAS, MARIO 2428 CORDOBA BEND WESTON, FLORIDA 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b) Florida Statutes. I further certify that the information included on this report or supplements 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 to an addressee's annual report.			
SIGNATURE: _____		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	