

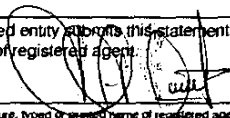
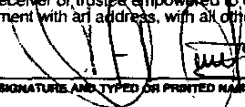


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90435 007 \*\*\*158.75

<b>DOCUMENT # P00000039308</b> 1. Entity Name NETCO USA, CORPORATION					
Principal Place of Business 401 N.W. 152 AVE. PEMBROKE PINES, FL 33028			Mailing Address 401 N.W. 152 AVE. PEMBROKE PINES, FL 33028		
2. Principal Place of Business 1580 SW 116 AV		3. Mailing Address 1580 SW 116 AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL			
Zip 33025		Country USA		4. FEI Number 65-1014514	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Name and Address of Current Registered Agent MURCIA, PEDRO 401 N.W. 152 AVE. PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name: Murcia, Pedro Street Address (P.O. Box Number is Not Acceptable) 1580 SW 116 AV City: Pembroke Pines FL Zip Code: 33025	
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: 5-01-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MURCIA, PEDRO 401 N.W. 152 AVE. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MORALES, ALBA YALENY 401 N.W. 152 AVE. PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 			Date: 5-01-04 Daytime Phone #: 7863062999		