

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009909

Entity Name: UFC AMERICA INC.

FILED
Aug 02, 2004
Secretary of State

Current Principal Place of Business:

6500 N. MILITARY-TRAIL
345
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

6500 N. MILITARY-TRAIL
345
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARIL, MARCEL
6500 N. MILITARY-TRAIL
345
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/M () Delete
Name: BARIL, MARCEL
Address: 6500 N. MILITARY-TRAIL
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: P () Delete
Name: RIVARD, NATHALIE
Address: 6005 COUTURE BLVD
City-St-Zip: ST. LEONARD, QC H1P3E1 CA

Title: V () Delete
Name: RADESCHI, PASQUALE
Address: 6005 COUTURE BLVD
City-St-Zip: ST. LEONARD, QC H1P3E1 CA

Title: T () Delete
Name: LALANCETTE, RHEO
Address: 6005 COUTURE BLVD
City-St-Zip: ST. LEONARD, QC H1P3E1 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEL BARIL

C/M

08/02/2004

Electronic Signature of Signing Officer or Director

Date