FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000001586

1. Entity Name
ST IVES (USA) INC.

Principal Place of Business	Mailing Address
13449 NW 42ND AVE MIAMI, FL 33054	13449 NW 42ND AVE MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
39-1651325
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROHOWSKI, KENNETH
13449 NW 42ND AVE
MIAMI, FL 33054

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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 reinstating)

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

U00000152528
05/04/04-80088-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGSTROM, WAYNE R
STREET ADDRESS	13449 NW 42ND AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	SD
NAME	CARUANA, JEANNE
STREET ADDRESS	13449 NW 42ND AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	CD
NAME	EDWARDS, BRIAN
STREET ADDRESS	13449 NW 42ND AVE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeanne M Caruana 4/30/2004 (305)685-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeanne M Caruana