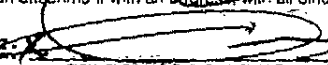


FILED

May 18, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000004622		
1. Entity Name PRESIDENTE USA, INC.		
Principal Place of Business 8230 NW 27 STREET, SUITE 518 MIAMI, FL 33122		Mailing Address 18501 SW 81 AVE C/O SANDRA KAYAL MIAMI, FL 33157
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	MENICUCCI, RAFAEL	
STREET ADDRESS	AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN	
CITY- ST- ZIP	SANTO DOMINGO DOMINICAN REP.,	
TITLE	V	
NAME	LEON, FRANKLIN	
STREET ADDRESS	AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN	
CITY- ST- ZIP	SANTO DOMINGO DOMINICAN REP.,	
TITLE	S	
NAME	FRANCO, RAMON	
STREET ADDRESS	AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN	
CITY- ST- ZIP	SANTO DOMINGO DOMINICAN REP.,	
TITLE	T	DO NOT WRITE IN THIS SPACE
NAME	LEON, CARLOS	
STREET ADDRESS	AUTOPISTA 30 DE MAYO, ESQUINA SAN JUAN	
CITY- ST- ZIP	SANTO DOMINGO DOMINICAN REP.,	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:  FRANKLIN LEON		2/25/05 786-331-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2418111Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredU00000367555
05/18/05-80007-012 150.00