


FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90018 013 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000005219	
1. Entity Name CURT AMERICA INC.	

Principal Place of Business 6992 NW 42ND ST. MIAMI, FL 33166	Mailing Address 6992 NW 42ND ST. MIAMI, FL 33166
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40001038



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 6992 NW 42nd St. Suite, Apt. #, etc.	3. Mailing Address 6992 NW 42nd St. Suite, Apt. #, etc.
City & State MIAMI- FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country USA	Country USA

4. FEI Number 52-2323423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PTD	<input type="checkbox"/> Delete
NAME	BALMELLE, ALAIN	
STREET ADDRESS	10, RUE DE ORMES	
CITY-ST-ZIP	21250 CORBRON FRANCE,	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THORELLI, THOMAS H	
STREET ADDRESS	70 WEST MADISON STREET, #5750	
CITY-ST-ZIP	CHICAGO, IL 60602	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORELLI THOMAS H	
STREET ADDRESS	70 West Madison Street #5750	
CITY-ST-ZIP	CHICAGO, IL, 60602	

TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALMELLE JEAN MICHEL	
STREET ADDRESS	15, RUE FRANÇOIS ARAGO	
CITY-ST-ZIP	17000, LA ROCHELLE. FRANCE.	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIGNEURAY NATACHA	
STREET ADDRESS	6992 NW 42nd ST	
CITY-ST-ZIP	MIAMI, FL, 33166. USA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SEIGNEURAY NATACHA 01/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

2-3035947266.