2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered. South

SIGNATURE AND TYPED OR PRINTED NAI

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # F96000005813 Feb 16, 2004 08:00 AM Secretary of State JAKOB GERHARDT USA, INC. Principal Place of Business. Mailing Address 1337 W. COLONIAL DR. ORLANDO FL 32804 1337 W. COLONIAL DR. ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 33-0714025 Not Applicable Ζφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAASCH, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 225 E. RÓBINSON ST. ORLANDO FL 32802-2854 City Zio 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 roinstating) DATE FILE NOW!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOPKINS, FONDA NAME NAME STREET ADDRESS 2628 GRANDVIEW STREET ADDRESS SAN DIEGO CA 92110 CITY-ST-ZIP CITY - ST - ZIP DC TITLE ☐ Delete TITLE ☐ Change Addition NAME HOPKINS, FONDA NAME 2628 GRANDVIEW STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET'ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U000000S2774 TITLE ☐ Delete TITLE 02/16/04-80106-002 Pgge 00 Addition NAME NAME \* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST - 7IP TITLE ☐ Delete IITi F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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