

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90010 042 \*\*\*150.00

**DOCUMENT # F98000004295**

1. Entity Name  
**ALCALAGRES (USA), INC.**



Principal Place of Business: **8600 NW 72ND ST MIAMI FL 33166**  
 Mailing Address: **1209 ORANGE STREET WILMINGTON DE 19801**

**54010309**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country Zip: Country

4. FEI Number **22-3079813**  
 Applied For:  Not Applicable:

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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: \_\_\_\_\_ 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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: **PD**  Delete  
 NAME: **VIDAL, FERNANDO**  
 STREET ADDRESS: **28815 CAMARMA DE ESTERUELAS**  
 CITY-ST-ZIP: **MADRID SPAIN**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VSTD**  Delete  
 NAME: ~~**VIDAL, FERNANDO**~~  
 STREET ADDRESS: **28815 CAMARMA DE ESTERUELAS**  
 CITY-ST-ZIP: **MADRID SPAIN**

TITLE: **VSTD**  Change  Addition  
 NAME: **Juan Carlos Martin**  
 STREET ADDRESS: **28815 Camarma DE ESTERUELAS**  
 CITY-ST-ZIP: **Madrid, Spain**

TITLE: **ASAT**  Delete  
 NAME: **GOWEN, GEORGE W**  
 STREET ADDRESS: **666 THIRD AVE., 27TH FLOOR**  
 CITY-ST-ZIP: **NEW YORK NY 10017**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **MD**  Delete  
 NAME: **PUENTE, GUILLERMO**  
 STREET ADDRESS: **8600 NW 72ND STREET**  
 CITY-ST-ZIP: **MIAMI FL 33166**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  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: *George W. Gowen* **George W. Gowen** **2/17/04** **682-8811**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #