2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**



FILED

Secretary of State

Mar 19, 2004 8:00 am

03-19-2004 90026 004 ****61.25 DOCUMENT # F99000004144 FAMÍLIA USA INC. Mailing Address **JUULIUPP** Principal Place of Business 590 COLUMBUS AV. 590 COLUMBUS AV. THORNWOOD, NY 10594 THORNWOOD, NY 10594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 06-1500091 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIAZ-TORRE, EMILIO NAME STREET ADDRESS 393 DERBY AVENUE STREET ADDRESS CITY-ST-ZIP ORANGE, CT 06477 CITY-ST-ZIP J 9 5 VPD Delete TITLE Change TITLE Addition FERGUS O'CARROL LARSON, JAMES NAME NAME STREET ADDRESS 89 W. LOGAN STREET STREET ADDRESS 432 LIGUORI RIS CITY-ST-ZIP LEMONT, IL 60439 CITY-ST-ZIP EDGERTON, WI TSD TSD TITLE **⊠** Delete TITLE Change ☐ Addition JOSE F. ORTEGA SABADELL, JUAN NAME 582 COLUMBUS AVE STREET ADDRESS **584 COLUMBUS AVENUE** STREET ADDRESS THORNWOOD, NY 10594 CITY-ST-7IP CITY-ST-7IP THORNWOOD, NY 10594 Delete TITLE TITLE ☐ Change ☐ Addition LASANA, ANDRE NAME STREET ADDRESS 89 WEST LOGAN STREET STREET ADDRESS C!TY-ST-ZIP LEMONT, IL 60439 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 617, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAMÉ

SIGNATURE:

STREET ADDRESS

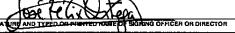
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-702

TITLE

NAME



Delete

☐ Change

☐ Addition