

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90098 033 ****55.00

DOCUMENT # L01000018480					
1. Entity Name INCOAS USA LLC					
Principal Place of Business ONE OAKWOOD BLVD., SUITE 140 HOLLYWOOD, FL 33020			Mailing Address ONE OAKWOOD BLVD., SUITE 140 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1150271	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTEIN, WILLIAM 700 SOUTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432-6128			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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVARRO PATINO, JOSE M. <input type="checkbox"/> Delete 801 BRICKELL KEY BLVD., #1809 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVALLO PATINO, JOSE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1944 MICHIGAN AV. #9 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLER, GEORGE <input type="checkbox"/> Delete 3215 N.E. 184 ST., #14403 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAVARRO MARIA ELISA 1944 MICHIGAN AVE. #9 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u>EH/ANAVARRO</u> (SECRETARY TREASURER) <u>7-14-04</u> <u>95492200611</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					