2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55077

Address:

City-St-Zip:

AV GUIDO CLOI 1331

SAO PAULO, BR 05802140

Entity Name: CALOI USA INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	TRIAL LOOP PARK, FL 32073	US				
Current Mailing Address:			New Mailing Address:			
	TRIAL LOOP PARK, FL 32073	US				
FEI Number:	: 59-2997919 F	El Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	ANDREW TRIAL LOOP N. PARK, FL 32073	US				
	named entity subr e of Florida.	nits this statement for the	purpose of changing i	ts registered	d office or registered agent, or bot	.h,
SIGNATU	RE:					
	Electronic S	ignature of Registered Ag	ent		Date	_
Election Car	mpaign Financing Tru	st Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Dele FERNANDES, JOSE AV GUIDO CALOI 13 SAC PAULO, BR 05	L 331	Title: Name: Address: City-St-Zip:	BANDEIRA, I AV GUIDO C		
Title: Name: Address: City-St-Zip:	S () Dele CARTER, ANDREW 90 INDUSTRIAL LOO ORANGE PARK, FL	C DP N.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele MUSA, EDUARDO AV GUIDO CALOI 13 SAO PAULO, BR 05	331	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	D () Dele		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANDREW CARTER S 04/25/2005