

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L95469

1. Entity Name
CARDIN U.S.A., INC.



Principal Place of Business

C/O REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD., BLDG "G"
SUNRISE, FL 33351

Mailing Address

C/O REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD., BLDG "G"
SUNRISE, FL 33351



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0221877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN
C/O REJEAN LAPIERRE
7800 W. OAKLAND PARK BLVD., BLDG "G"
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000054976
02/17/04-80018-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARDIN, SERGE
STREET ADDRESS	7800 W. OAKLAND PARK BLVD.
CITY - ST - ZIP	SUNRISE, FL 33351

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

S. Cardin

SERGE CARDIN

1/22/04

954-749-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #