

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90174 022 \*\*\*150.00

<b>DOCUMENT # P00000005873</b>					
<b>1. Entity Name</b> <b>3R (USA) INCORPORATED</b>					
<b>Principal Place of Business</b> <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI, FL 33131</b>			<b>Mailing Address</b> <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI, FL 33131</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> <b>65-0975752</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>TRANSGLOBAL CORPORATE ADMIN. LLC</b> <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 0-305</b> <b>MIAMI, FL 33131</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE				DATE <b>4/21/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAYSIN, BORIS</b> <b>520 BRICKELL KEY DRIVE SUITE 0-305</b> <b>MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Samuel P. Haven</b> <b>520 Brickell Key Drive # 0-305</b> <b>Miami, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GAYSIN, BORIS</b> <b>520 BRICKELL KEY DRIVE SUITE 0-305</b> <b>MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Stephen A. Freeman</b> <b>520 Brickell Key Drive # 0-305</b> <b>Miami, FL 33131</b>	
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	
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	
<b>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 reports 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.</b>					
<b>SIGNATURE:</b> <b>Samuel Haven</b> <b>4/21/05</b> <b>305</b> <b>374 3800</b>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20046929



01042005 Chg-P CR2E034 (10/03)