2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000027929

1. Entity Name

THE MUSTARD SEED USA, INC.



Principal Place of Business

Mailing Address

1440 CORAL RIDGE DRIVE

1440 CORAL RIDGE DRIVE #331

#331 CORAL SPRINGS, FL 33071

CORAL SPRINGS, FL 33071

FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	Agent

AGOVINO, ANTHONY E 1440 CORAL RIDGE DRIVE #331

CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

OO! VAL OI	111100, 12 00011						
the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registe	ered office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE Registe	ered Agent signalur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Fin. Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
THTLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARANGO, YOLANDA 1440 CORAL RIDGE DRIVE #331 CORAL SPRINGS, FL 33071				U00000136956		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGOVINO, ANTHONY 1440 CORAL RIDGE DRIVE #331 CORAL SPRINGS, FL 33071				04/29/04-80021-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARANGO, YOLANDA 1440 CORAL RIDGE DRIVE #331 CORAL SPRINGS, FL 33071			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					****		
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 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 fixe empowered.

SIGNATURE:

CITY-ST-ZIP

STATE AND THE ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR