
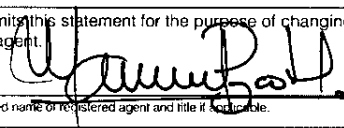
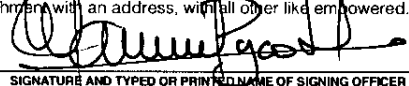


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90054 033 \*\*\*158.75

<b>DOCUMENT # P00000041514</b> 1. Entity Name <b>PROCTOR USA, INC.</b>					
Principal Place of Business <b>1355 W PALMETTO PARK ROAD #167 BOCA RATON, FL 33486</b>			Mailing Address <b>1355 W PALMETTO PARK ROAD #167 BOCA RATON, FL 33486</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>1635 Bonaventure Blvd.</b> Suite, Apt. #, etc.		
City & State			City & State <b>Weston, Florida</b>		
Zip <b>33326</b>		Country <b>USA</b>		4. FEI Number <b>65-1002141</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PYCO, JOSE MANUEL 1355 W PALMETTO PARK ROAD #169 BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent Name <b>PYCO, JOSE MANUEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1635 Bonaventure Blvd.</b> City <b>Weston, Florida</b> FL Zip Code <b>33326</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. SIGNATURE:  <b>JOSE MANUEL PYCO</b> <b>02-16-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYCO, JOSE MANUEL <input type="checkbox"/> Delete 6190 WILES ROAD #304 POMPANO BEACH, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PYCO, JOSE MANUEL 1997 Pisces Terrace Weston, Florida 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete LESMES, JAINE RAMIRO 7856 MONARCH COURT DELRAY BEACH, FL 33446		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	
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 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: 			<b>02-16-04 (954) 727-9933</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

54029218



02162004 Chg-P CR2E034 (10/03)