


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

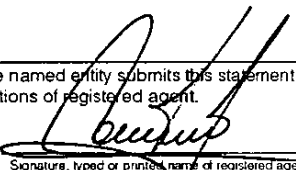
FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90029 048 ***158.75

DOCUMENT # P00000041514		
1. Entity Name PROCTOR USA, INC.		
Principal Place of Business 1355 W PALMETTO PARK ROAD #167 BOCA RATON FL 33486		Mailing Address 1635 BONAVENTURE BLVD. WESTON FL 33326
2. Principal Place of Business	3. Mailing Address 1355 W Palmetto Park Rd. Suite, Apt. #, etc. #167	
Suite, Apt. #, etc.	City & State Boca Raton, Florida	
City & State	Zip 33486	Country Palm Beach
Zip	Country	4. FEI Number 65-1002141
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PYCO, JOSE MANUEL 1635 BONAVENTURE BLVD. WESTON FL 33326		7. Name and Address of New Registered Agent Name Lesmes, Jaime R. Street Address (P.O. Box Number is Not Acceptable) 7856 Monarch Court City Delray Beach FL Zip Code 33446	
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 		DATE 01.22.05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	

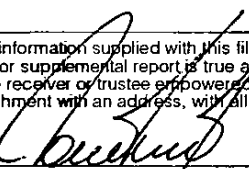
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYCO, JOSE MANUEL 1997 PISCES TERR. WESTON FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lesmes, Jaime R. 7856 Monarch Court Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESMES, JAIME RAMIRO 7856 MONARCH COURT DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lesmes, Luis Felipe 7856 Monarch Court Delray Beach, FL 33446 <input type="checkbox"/> Change <input checked="" 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
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.22.05

Date

861 6381472

Daytime Phone #