2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042752

Entity Name: CONEXIONES (USA) CORP.

FILED Jul 14, 2004 Secretary of State

| Littly Na | me. CONEXIO | NES (USA) CORF. | | | | |
|---|--|--|---|----------------------------------|---|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| | WAY COURT LM BEACH, FL | 33413 | | | | |
| Current M | lailing Addres | s: | New Maili | New Mailing Address: | | |
| | WAY COURT LM BEACH, FL | 33413 | | | | |
| FEI Number | : 65-1010879 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired (X) | |
| Name and | l Address of C | urrent Registered Agent: | Name and | Address | of New Registered Agent: | |
| 524 PARK | NA, MARIBEL WAY COURT LM BEACH, FL | 33413 | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing i | its registere | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electroni | c Signature of Registered Age | ent | | Date | |
| | | (2)(b), F.S., the corporation did no Trust Fund Contribution (). | ot receive the prior notic | e. | | |
| OFFICER | S AND DIRECT | ORS: | ADDITION | IS/CHANG | ES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | PSD () DE LA PENA, M 524 PARKWAY WEST PALM BE | COURT | Title: Name: Address: City-St-Zip: | 524 PARK\ | (X) Change()Addition IA, MARIBEL WAY COURT M BEACH, FL 33413 | |
| Title: Name: Address: City-St-Zip: | TD () DE LA PENA, OS 524 PARKWAY WEST PALM BE | COURT | Title: Name: Address: City-St-Zip: | | (X) Change()Addition IA, OSCAR NAY COURT M BEACH, FL 33413 | |
| Title: Name: Address: City-St-Zip: | VD () LEZACA, JAIRO 524 PARKWAY WEST PALM BE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | | () Change (X) Addition GLORIA E WAY COURT M BEACH, FL 33413 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR DE LA PENA PTD 07/14/2004