


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 015 ***150.00

DOCUMENT # P00000046687

1. Entity Name
KOBUS CONSTRUCTION USA INC.



Principal Place of Business
**7202-61TH AVE N
 SAINT PETERSBURG, FL 33709**

Mailing Address
**7202-61TH AVE N
 #401
 SAINT PETERSBURG, FL 33709**

2. Principal Place of Business - No P.O. Box #
6840 52nd street N.

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Pinellas Park FL.

City & State
same

Zip
33781

Country
USA

Zip
same

Country



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3642355

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KOBUS, MARIUSZ
 7202-61ST AVE N
 SAINT PETERSBURG, FL 33709**

7. Name and Address of New Registered Agent
 Name
MARIUSZ KOBUS
 Street Address (P.O. Box Number is Not Acceptable)
6840 52nd street N.
 City
Pinellas Park FL Zip Code
33781

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
MARIUSZ KOBUS
PRES.

SIGNATURE _____ DATE **4/09/2007**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE KOBUS MARIUSZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOBUS, MARIUSZ		NAME 6840 52nd street N.	
STREET ADDRESS 7202-61ST AVE N		STREET ADDRESS Pinellas Park FL. 33781	
CITY-ST-ZIP SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE KATARZYNA KOBUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOBUS, KATARZYNA		NAME 6840 52nd street N.	
STREET ADDRESS 7202-61ST AVE N		STREET ADDRESS Pinellas Park FL. 33781	
CITY-ST-ZIP SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Mariusz Kobus** **PRES.** DATE: **4/09/2007** DAYTIME PHONE: **727-686-7886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR