

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 007 ***150.00

DOCUMENT # P00000051001

1. For Profit Corporation
HOGAR USA REALTY, INC.



Physical Location of Business

10200 STATE ROAD 84
SUITE 213
DAVIE, FL 33325

Mailing Address

10200 STATE ROAD 84
SUITE 213
DAVIE, FL 33325

54056844

2. Location of Principal Office of Business

3. Mailing Address

Street, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

05282004

Chg-P

CR2E034 (10/03)

4. FEI Number

05-1012123

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARZON, JORGE E
10200 STATE ROAD 84
SUITE 213
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name
OLGA A. GARZON

Street Address (P.O. Box Number is Not Acceptable)

1320 CANARY ISLAND DRIVE

City WESTON

FL

Zip Code 33327

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 accuracy of, the information furnished.

SIGNATURE OF REGISTERED AGENT
[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE IS \$650.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: GARZON, JORGE E
STREET ADDRESS: 10200 STATE ROAD 84 - SUITE 213
CITY-STATE-ZIP: DAVIE, FL 33325

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: OLGA A. GARZON
STREET ADDRESS: 1320 CANARY ISLAND DRIVE
CITY-STATE-ZIP: WESTON FL 33327

TITLE: VICE-PRESIDENT
NAME: GUSTAVO DATOSA
STREET ADDRESS: 1320 CANARY ISLAND DRIVE
CITY-STATE-ZIP: WESTON FL 33327

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

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 was filed 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

Date

Daytime Phone #