


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90023 032 \*\*\*150.00

<b>DOCUMENT # P00000051550</b>		
1. Entity Name CEPEX USA, INC.		

40092643



Principal Place of Business 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219	Mailing Address 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219
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2. Principal Place of Business 13291-106 Vantage Way Suite, Apt. #, etc.	3. Mailing Address 13291-106 Vantage Way Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
Zip 32218	Zip 32218
Country DUAL	Country DUAL

05122006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3650743	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BANKER FOWLER, WHITE, BOGGS, BANKER, P.A. 50 NORTH LAURA STREET SUITE 2200 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANES, ELOY ELOI 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLANES, ELOY ELOI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELBURGO, IGNACIO P LUIS COMPANYYS S1-53 GRANOKERS, BARCELONA, SPAIN, <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	P COTE, ANDRE 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219 <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	ST VERGES, DILAR POSSE CAMILO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POSSE, CAMILO <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

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: Andre Cote ANDRE COTE 05/15/06 904685 1441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #