

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90272 015 \*\*\*150.00

**DOCUMENT # P00000090346**

1. Entity Name  
**DUNE CERAMICS USA, INC.**



Principal Place of Business  
**4849 DAWN RD  
UNIT 1  
JACKSONVILLE, FL 32207**

Mailing Address  
**C/O BARRY B. ANSBACHER, P.A.  
1301 RIVERPLACE BLVD.#2450, RIVERPL. TWR  
JACKSONVILLE, FL 32207-9047**

**OFFICE OF THE SECRETARY OF STATE**  
**94076636**



2. Principal Place of Business  
**1410 Kona Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State  
**Compton CA**

City & State

4. FEI Number  
**59-3673314**

Applied For  
Not Applicable

Zip  
**90220**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANSBACHER & MCKEEL P.A.  
1301 RIVERPLACE BLVD., #2450  
JACKSONVILLE, FL 32207-9047**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
JUSTE, JOAQUIN  
CTRA. ALCORA CV-16 KM7,5  
SAN JAN DE MORO, SPAIN,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GASCON, JOSE  
CTRA. ALCORA CV-16, KM 7,5  
SAN JAN DE MORO, SPAIN,** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Sohn T. Ozeluna**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**  
Date

**310-608-6880**  
Daytime Phone #