

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90141-007-\$550.00-\$550.00

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0066398
AV

DOCUMENT # P0000103174

1. Entity Name
SAMPAGA ENTERPRISES USA, INCORPORATED



Principal Place of Business
**21549 SW 88 AVE
MIAMI FL 33189**

Mailing Address
**21549 SW 88 AVE
MIAMI FL 33189**



2. Principal Place of Business
8772 SW 212 Terrace

3. Mailing Address
8772 SW 212 Terrace

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33189 Country
USA

Zip
33189 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1053019

Applied For
APPLIED FOR

Not Applicable

6. Name and Address of Current Registered Agent
**SAMPAGA, ROLANDO D
21549 SW 88 AVE
MIAMI FL 33189**

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

7. Name and Address of New Registered Agent

Name
Same Agent name

Street Address (P.O. Box Number is Not Acceptable)
8772 SW 212 Terrace

City
Miami FL Zip Code
33189

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] (NOTE: Registered Agent signature required when reinstating)

DATE
Aug 30, 2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMPAGA, CHRISTINE 21549 SW 88 AVENUE MIAMI FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sampaga, Christine 8772 SW 212 Terrace Miami FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments.

SIGNATURE: **SAMPAGA, CHRISTINE P. (PRESIDENT)** DATE: **Aug. 30, 2003** DAYTIME PHONE #: **3059715944**

CR2E034 (4/03)

Sept. 17, 2003

To: Annual Reports Section
Division of Corporations

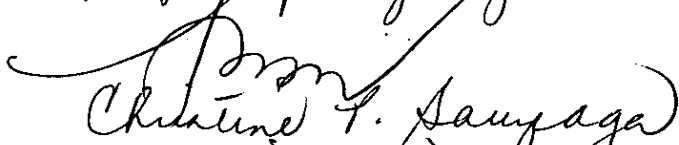
Dear Sir:

Sauyaga Enterprises USA, Inc. have received your letter regarding our uniform business report doesn't have FEI information. We are sorry to missed that part.

Our company's FEI # is 65-1053619
Attached is the business report copy
you've sent + me filled up the FEI
number information.

Please proceed in processing our
annual report. Thank you.

Respectfully yours,


Christine T. Sauyaga
(President)