


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90245 036 \*\*\*150.00

<b>DOCUMENT # P00000110778</b>	
<b>1. Entity Name</b> GINY U.S.A., INC.	

<b>Principal Place of Business</b> 5517 NW 84TH AVE MIAMI FL 33166	<b>Mailing Address</b> 5517 NW 84TH AVE MIAMI FL 33166
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-1059749	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> ALFARO, ELBERT R ESQ. 460 S.E. 7TH AVENUE HIALEAH FL 33010
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<b>7. Name and Address of New Registered Agent</b> Name: <u>IVAN A. GUERRERO</u> Street Address (P.O. Box Number is Not Acceptable): <u>5517 N.W. 84 AVE</u> City: <u>MIAMI</u> FL Zip Code: <u>33166</u>
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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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**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	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> GUERRERO, IVAN A <b>STREET ADDRESS</b> 10921 NW 79TH ST <b>CITY-ST-ZIP</b> MIAMI FL 33178
<b>TITLE</b> VPT <input type="checkbox"/> Delete	<b>NAME</b> BRAHIN, JANETH <b>STREET ADDRESS</b> 10921 NW 79TH ST <b>CITY-ST-ZIP</b> MIAMI FL 33128
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> GUERRERO IVAN A <b>STREET ADDRESS</b> 5517 N.W. 84 AVE <b>CITY-ST-ZIP</b> MIAMI FL 33166
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> BRAHIN, JANETH <b>STREET ADDRESS</b> 5517 N.W. 84 AVE <b>CITY-ST-ZIP</b> MIAMI FL 33166
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04