2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000113520

1. Entity Name
ORKKOM USA, CORP.

Principal Place of Business	Mailing Address
6124 NW 74 AVE	6124 NW 74 AVE
MIAMI, FL 33166	MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1075790	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPANARO, SUELY
6124 NW 74 AVE
MIAMI, FL 33166

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i   n 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

U00000069363

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	CAMPANARO, SUELY
STREET ADDRESS	6124 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	DEMARCO, JORGE
STREET ADDRESS	6124 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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; an   d 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: Jorge DeMarco   02/23/04   (305) 305 2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #