


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90207 003 ***150.00

DOCUMENT # P01000011620 1. Entity Name U.S.A. TAGUAPIRE CORP			
Principal Place of Business 10315 N.W. 9TH ST CIRCLE SUITE 506 MIAMI, FL 33172		Mailing Address 10315 N.W. 9TH ST CIRCLE SUITE 506 MIAMI, FL 33172	
2. Principal Place of Business 8889 FOUNTAIN BLEW BLVD Suite, Apt. #, etc. 406		3. Mailing Address 8889 FOUNTAIN BLEW BLVD Suite, Apt. #, etc. 406	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172		Zip 33172	
Country 		Country 	
6. Name and Address of Current Registered Agent DE JESUS ESCALA, WILFREDO 10315 N.W. 9TH ST CIRCLE SUITE 506 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DE JESUS ESCALA, WILFREDO 10315 N.W. 9TH ST CIRCLE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, LISBETH 10315 N.W. 9TH ST CIRCLE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		WILFREDO DE JESUS ESCALA PSD 4/29/04 <small>Date</small>	
		<small>Daytime Phone #</small>	

64074038



03262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1077912
Applied For
Not Applicable

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