FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P01000013500 1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91088 034 ***150.00

-	TOMAS CONSTRUCTION	N USA INC.					
	DO NOT WRITE	IN THIS	SPAC	Æ			-
2. Principal I	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	Codings, Commercial on the William			
4022V Suite, Apt	ersailles Dr. .#. etc.		ame	-	DO N	IOT WRITE IN THI	S SPACE
	do, Florida	City & State			4. FEI Number 59-3695711		Applied For
32808	Country	Zip	Coun	itry	5. Certificate of Status D	esired [\$8.75 Additional Fee Required
HE WHITE THE	A STATE OF THE PARTY OF THE PAR			7	. Name and Address of	Current Register	ed Agent
	DO NOT W IN THIS SP			Tomas Street Address (P.	Kocurek O. Box Number is Not Acc	ceptable)	
				4022 Ve	rsailles Dr	•	
9 The above				` ^-1	do	FI	Zip Code
the obligati	named antity submits this statement for ons of indistered agent.	r the purpose of changing	its registere	d office or registered	d agent, or both, in the Sta	te of Florida. I am	familiar with, and accept
SIGNATURE _	Sphature typed or printed name of registered agent at	nd title if applicable. (Ne	OHAS	KOCUREK			
Jan Make Check	ginature typed or printed name of registered agent at truary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	nd tite if applicable. (Ni	OTE: Registered	Agent signature required wi	9. Election Campa Trust Fund Cont	DATE aign Financing tribution.	\$5.00 May Be Added to Fees
Jan Make Check	uary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of OFFICERS AND D	nd tite if applicable. (Ni	OTE: Registered	KOUREK Agent signature required wi	9. Election Campa	aign Financing	
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZAHOT KOCUREK

PRESIDENT

321-436-7561