

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021454

FILED
Feb 11, 2005
Secretary of State

Entity Name: HINEIDER USA CORPORATION

Current Principal Place of Business:

P.O. BOX 8622
CORAL SPRINGS, FL 33075

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8622
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-1091756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIRA, GABRIEL R
8333 W MCNAB RD SUITE 101
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEIRA, GABRIEL
Address: P.O. BOX 8622
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD () Delete
Name: NEIRA, RICARDO A
Address: P.O. BOX 8622
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD () Delete
Name: NEIRA, KLAUDIA J
Address: P.O. BOX 8622
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD () Delete
Name: NEIRA, ALEXANDRA
Address: P.O. BOX 8622
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL NEIRA

PD

02/11/2005

Electronic Signature of Signing Officer or Director

Date