

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000029087

1. Entity Name
HSD USA, INC.



Principal Place of Business
**3764 SW 30TH AVE.
HOLLYWOOD, FL 33312**

Mailing Address
**3764 SW 30TH AVE.
HOLLYWOOD, FL 33312**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2299080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GANGUZZA, QJOSEPH
150 W FLAGLER ST
MUSEUM TOWER
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

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

1100000105283

04/07/04-80019-002 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WIJTENBURG, RONALD A PO BOX 20891 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANUZZO, CLAUDIO 233 PEACHTREE ST., STE 2308 ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD MAZZETTA, TITO 233 PEACHTREE ST., STE 2308 ATLANTA, GA 30303
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, 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

4-5-04

Date

Daytime Phone # _____