

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90045 020 ***150.00

DOCUMENT # P01000046520

1. Entity Name
PEVSA USA INC.



Principal Place of Business
**8231 NW 68 ST.
MIAMI, FL 33166**

Mailing Address
**8231 NW 68 ST.
MIAMI, FL 33166**

WU11201

2. Principal Place of Business

10400 NW 33 ST

3. Mailing Address

10400 NW 33 ST

Suite, Apt. #, etc.

Suite 270

Suite, Apt. #, etc.

Suite 270

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

03032004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1124088

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EL SOUKI, SAUIR
8231 NW 68 STREET
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **EL SOUKI, SAMIR**

Street Address (P.O. Box Number is Not Acceptable)

10400 NW 33 ST - Suite 270

City **MIAMI**

FL

Zip Code

33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOUKI, SAMIR EL	
STREET ADDRESS	7024 NW 113 PL	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SOUKI, RICARDO	
STREET ADDRESS	6874 NW 113 PL	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SOUKI, GASSAN EL	
STREET ADDRESS	6965 NW 107 COURT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

03-03-04 (305) 591-0212

Date

Daytime Phone #