FROM : FAX NO. :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90491 027 ***150.00

DOCUMENT # P01000056924

1. Entity Name
MODELLBAU USA, INC.

Principal Place of Business
4450 SW 132ND PL
OCALA, FL 34473 US

Mailing Address
4450 SW 132ND PL
OCALA, FL 34473 US

04292005 Chg-P . CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
741 Shotgun Rd		741 Shotgun Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sunrise FL		City & State: Sunrise FL	
Zip: 33326	Country: US	Zip: 33326	Country: US

4. FEI Number 65-1114957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, GIL A
4450 SW 132ND PL
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name

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

City Sunrise FL Zip Code 33326

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]
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP ENRIQUEZ, GIL A 4450 SW 132ND PL OCALA, FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ENRIQUEZ, GIL A 741 Shotgun Rd Sunrise FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #