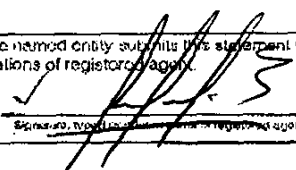
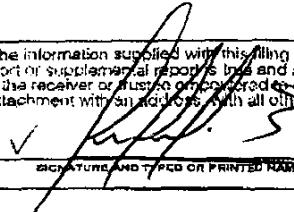


FROM :

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		
2. Principal Place of Business 741 Shotgun Rd Suite, Apt. #, etc.			3. Mailing Address 741 Shotgun Rd Suite, Apt. #, etc.		
City & State Sunrise FL			City & State Sunrise FL		
Zip 33326		Country US		4. FEI Number 65-1114957	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ENRIQUEZ, GILA 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: 					
(NOTE: Registered Agent signature required when reinstating)					
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, GILA 4450 SW 132ND PL OCALA, FL 34473 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President ENRIQUEZ, GILA 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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 reports 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					

04/26/05