

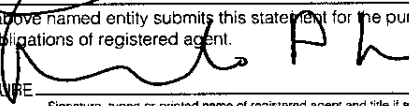
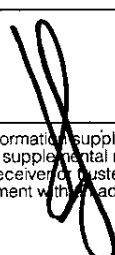


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 008 ***150.00

DOCUMENT # P01000057117 1. Entity Name HAI GROUP USA, INC.					
Principal Place of Business C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021			Mailing Address C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900			
City & State AVENTURA, FLORIDA		City & State AVENTURA, FL		4. FEI Number 65-1123534	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name ROTH LEONARDO A. Esq Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City AVENTURA FL Zip Code 33180	
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  LEONARDO A. ROTH, Esq DATE 02/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	TD HORIGIAN, FERNANDO 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANTURIAN, RUBEN 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORIGIAN, JOSE 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.					
SIGNATURE:  Fernando Horigian DATE 02/24/04 DAYTIME PHONE # 786-279-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					