2005 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 25, 2005 08:00 A Secretary of State **DOCUMENT # P01000060313** 1. Entity Name MARES U.S.A., CORP. Principal Place of Business Mailing Address 8017 HARDYN AVE., APT #8 8017 HARDYN AVE., APT #8 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 %F,-,,,2,/-/F& 04052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1113014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEDOYA, ADRIANA DO NOT WRITE 8017 HARDYN AVE, APT #8 MIAMI, FL 33141 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD BEDOYA, ADRIANA NAME U00000329714 STREET ADDRESS 8017 HARDYN AVE, APT #8 04/25/05-80131-008 150.nn CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE **ESPINAL, WILSON** NAME STREET ADDRESS 8017 HARDYN AVE, APT #8 CITY-ST-ZIP MIAMI BEACH, FL 33141 nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fiting 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> HDr. ANB e Doya SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

Devitme Phone #