2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066347

Entity Name: LITHOBINDER USA CORP.

FILED Apr 29, 2005 Secretary of State

		ADER GOVERNMENT					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	VATERS AVE.						
SUITE 5 TAMPA, FI	L 33614 US	8					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	VATERS AVE.						
SUITE 5 TAMPA, FI	L 33614 US	3					
FEI Number:	: 59-3735780	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
30626 DOI), JIMENEZ UBLE DR E IILLS, FL 3354	4 US	4202 W. W	SIGFRIDO, JIMENEZ 4202 W. WATERS AVE. TAMPA, FL 33614 US			
	named entity see of Florida.	submits this statement for the po	urpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE: SIGFRIDO) JIMENEZ		04/29/2005			
	Electron	ic Signature of Registered Age	nt		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LITHOBINDER ESQUINA PICH	Delete C.A., INCHA ANTIGUO CINE EL DORADO CARACAS, DF VZ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () JIMENEZ, SIGF 30626 DOUBLE WESLEY CHAF	DR E	Title: Name: Address: City-St-Zip:	D (JIMENEZ, SIG 4202 W. WAT TAMPA, FL 3	ΓERS AVE.		
Title: Name: Address: City-St-Zip:	D () JIMENEZ, CRIS 30626 DOUBLE WESLEY CHAF	DRIVE E	Title: Name: Address: City-St-Zip:	D (JIMENEZ, CR 4202 W. WAT TAMPA, FL 3	ΓERS AVE.		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGFRIDO JIMENEZ D 04/29/2005