

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 17 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052003 Chg-P CR2E034 (10/03)

MRS

DOCUMENT # P01000067400

1. Entity Name
HILDEBRANDO USA, CORP.

Principal Place of Business
1475 NW 97 AVE.
101
MIAMI, FL 33172

Mailing Address
877 NW 132 AVE WEST
MIAMI, FL 33182

2. Principal Place of Business
1234 SW 150 PL

3. Mailing Address
1234 SW 150 PL

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33194

Country

4. FEI Number
65-1127303

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, LISSET
877 NW 132 AVE WEST
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name
OLIVARES, LUIS

Street Address (P.O. Box Number is Not Acceptable)
1234 SW 150 PL

City
MIAMI

FL

Zip Code
33194

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]* *LUIS OLIVARES* *05/11/04*

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVARES, LUIS 877 NW 132 AVE WEST MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIPT</i> <i>OLIVARES, LUIS</i> <i>1234 SW 150 PL</i> <i>MIAMI FL 33194</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, LISSET 877 NW 132 AVE WEST MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIPT</i> <i>RUIZ, LISSET</i> <i>1234 SW 150 PL</i> <i>MIAMI FL 33194</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* *LUIS OLIVARES-PRES* *05/11/04 (205) 989-1907*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #