


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90030 013 \*\*\*150.00

<b>DOCUMENT # P01000071090</b>	
1. Entity Name <b>DUPE USA, INC.</b>	

Principal Place of Business <b>8140 NW 74 AVE SUITE #20 MIAMI FL 33166</b>	Mailing Address <b>8140 NW 74 AVE SUITE #20 MIAMI FL 33166</b>
---	---

2. Principal Place of Business <b>6123 NW 72 Avenue</b>	3. Mailing Address <b>6123 NW 72 Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

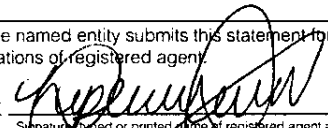
City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33166-3707</b>	Zip <b>33166-3707</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1121554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MILLENNIA-CONSULTING SERVICES INC. 2630 NE 203 RD. STREET #106 MIAMI FL 33180</b>	7. Name and Address of New Registered Agent Name <b>ELO Enterprises INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 W. Commercial Blvd</b> <b>#139</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>
---	--

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 	DATE <b>02/26/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEDROSA, ANDRE L 17111 NW 13TH ST PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONCALVEZ, CARLOS 19280 SW 62 STREET PEMBROKE PINES FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONCALVEZ, CARLOS 19280 SW 62 STREET PEMBROKE PINES FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 an address, with all other like empowered.	
---	--

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #