


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90166 035 \*\*\*150.00

<b>DOCUMENT # P01000071413</b> 1. Entity Name <b>GIROUX USA, INC.</b>					
Principal Place of Business <b>C/O CARRICORN</b> <b>8888 SW SW 136 ST #140</b> <b>MIAMI, FL 33176</b>			Mailing Address <b>C/O CARRICORN</b> <b>8888 SW SW 136 ST #140</b> <b>MIAMI, FL 33176</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, JULIA 7448 SW 120 CT MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-20-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREA, ADOLFO		NAME		
STREET ADDRESS	4027 PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, JULIO		NAME		
STREET ADDRESS	7448 SW 120 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESSEUR, MARIA		NAME		
STREET ADDRESS	7448 SW 120 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-20-2004</u> DAYTIME PHONE # <u>305-663-4673</u>		