

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000073945

Entity Name: RIP-O-BEC USA CORP.

FILED
Apr 29, 2003
Secretary of State

Current Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE, FL 33009

Current Mailing Address:

1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE, FL 33009

New Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY
SUITE 201
HALLANDALE, FL 33009 US

New Mailing Address:

1001 NORTH FEDERAL HIGHWAY
SUITE 201
HALLANDALE, FL 33009 US

FEI Number: 65-1141664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDUC, REJEAN
1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

LABRECQUE, ROBERT
1001 NORTH FEDERAL HIGHWAY
SUITE 201
HALLANDALE, FL 33009 US

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.

SIGNATURE: ROBERT LABRECQUE

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABRECQUE, ROBERT
Address: 629 CHEMIN BOURRET, SAINT APOLLINAIRE
City-St-Zip: (QC) CANADA G0S 2E0,

Title: STD () Delete
Name: PARE, CAROLE
Address: 629 CHEMIN BOURRET, SAINT APOLLINAIRE
City-St-Zip: (QC) CANADA G0S 2E0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LABRECQUE, ROBERT
Address: 629 CHEMIN BOURRET,
City-St-Zip: SAINT APOLLINAIRE, QC G0S 2E0 CA

Title: STD (X) Change () Addition
Name: PARE, CAROLE
Address: 629 CHEMIN BOURRET,
City-St-Zip: SAINT APOLLINAIRE, QC G0S 2E0 CA

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: ROBERT LABRECQUE

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date