## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P01000081416 04-28-2004 90232 049 \*\*\*150.00 1. Entity Name PROTEC USA, INC. Principal Place of Business Mailing Address T孑れてハロのや 2600 S. DOUGLAS RD 1003 2600 S. DOUGLAS RD 1003 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 4TM St. 7520 NW 54TM St. 3. Mailing Address 54 m St 7520 N Suite, Apt. #, etc. 04222004 CR2E034 (10/03) City & State . City & State 4. FEI Number Applied For WIDW WYAIN 65-1130996 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired AZNI Fee Required 6. Name and Address of Current Registered Agent--7.-Name and Address of New Registered Agent GROSS MAY GROSSMAN, JOHN L 2600 S. DOUGLAS RD 1003 CORAL GABLES, FL 33134 MIDM 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, typed or printed na (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS Ωð. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition GROSSMAN, JON NAME NAME 7520, ND 847 ST. STREET ADDRESS 2600 S. DOUGLAS RD 1003 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE Delete TITLE Change Addition STREBER, PAVEL NAME 7520 NW 547 St. STREET ADDRESS 2600 S. DOUGLAS RD 1003 STREET ADDRESS CITY-ST-7IP CORAL GABLES; FL 33134 CITY-ST-ZIP MIANW FL 33161 TITLE ☐ Delete Change Addition STREBER, VERENA NAME NAME 7520 NW 54<sup>M</sup>S4. STREET ADDRESS 2600 S. DOUGLAS RD 1003 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP MIANU FL 33161 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

**FILED**