

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90694 010 \*\*\*150.00

DOCUMENT # P01000090549

1. Entity Name  
MIGUEL PILATO USA, INC.



Principal Place of Business  
4970 SW 52ND STREET  
A#306  
FORT LAUDERDALE, FL 33314

Mailing Address  
4970 SW 52ND STREET  
A#306  
FORT LAUDERDALE, FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

MALFELD, GARY D  
8420 NW 52ND STREET  
SUITE 107  
MIAMI, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PD  Delete  
NAME: PILATO, ALBERTO MIGUEL  
STREET ADDRESS: AV. TRIUNVIRATO  
CITY-ST-ZIP: BUENOS AIRES, ARGENTINA, 3662

TITLE: DST  Delete  
NAME: PILATO, SEBASTIAN  
STREET ADDRESS: AV. TRIUNVIRATO  
CITY-ST-ZIP: BUENOS AIRES, ARGENTINA, 3662

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

Daytime Phone #