

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90217 032 ***150.00

DOCUMENT # P01000090549 1. Entity Name MIGUEL PILATO USA, INC.	
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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
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14006469



2. Principal Place of Business <i>8375 SW 5 Street</i>	3. Mailing Address <i>8375 SW 5 Street</i>
Suite, Apt. #, etc. <i>B10 #206</i>	Suite, Apt. #, etc. <i>B10 #206</i>

04142005 Chg-P CR2E034 (10/03)

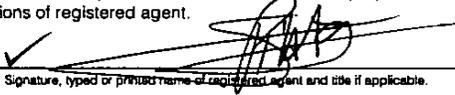
City & State <i>Pembroke Pines, FL</i>	City & State <i>Pembroke Pines, FL</i>
Zip <i>33025</i>	Zip <i>33025</i>

4. FEI Number 65-1137692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MALFELD, GARY D 8420 NW 52ND STREET SUITE 107 MIAMI, FL 33166	7. Name and Address of New Registered Agent Name <i>Sebastian Pilato</i> Street Address (P.O. Box Number is Not Acceptable) <i>8375 SW 5 Street, B10 #206</i> <i>Pembroke Pines</i> City FL Zip Code <i>33025</i>
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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  *Director* (NOTE: Registered Agent signature required when reinstating) DATE *4/19/05*

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PILATO, ALBERTO MIGUEL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	AV. TRIUNVIRATO	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA, 3662	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILATO, SEBASTIAN	NAME	
STREET ADDRESS	AV. TRIUNVIRATO	STREET ADDRESS	<i>8375 SW 5 Street, B10 #206</i>
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA, 3662	CITY-ST-ZIP	<i>Pembroke Pines, FL 33025</i>
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	
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:  *Director* (NOTE: Registered Agent signature required when reinstating) DATE *4/19/05*