
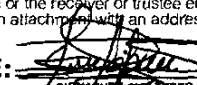


FILED  
Apr 29, 2004 8:00 am  
Secretary of State

04-29-2004 90321 018 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000100555</b>			
1. Entity Name <b>HORNITEC USA INC.</b>			
Principal Place of Business <b>8641 NW 15 ST. EPEMBROKE PINES, FL 33024</b>		Mailing Address <b>8641 NW 15 ST. EPEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business <b>241 N 66 Ave.</b>		3. Mailing Address <b>241 N 66 Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hollywood, Fl</b>		City & State <b>Hollywood, Fl</b>	
Zip <b>33024</b>		Zip <b>33024</b>	
Country		Country	
4. FEI Number <b>59-3752674</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LOPEZ, MARIO ANTONIO 8641 NW 15 ST. EPEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent Name <b>LOPEZ MARIO ANTONIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>241 N 66 Ave</b> <b>Hollywood, Fl 33024</b> City <b>FL</b> 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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, MARIO ANTONIO 8641 NW 15 ST. EPEMBROKE PINES, FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOPEZ, MARIO ANTONIO 241 N 66th Ave. Hollywood, Fl 33024</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #			

14013532



04122004 Chg-P CR2E034 (10/03)