


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107770		
1. Entity Name PATOYO USA INC.		

FILED

04 MAY -5 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address

2. Principal Place of Business 2655 LeJune Rd. Suite, Apt. #, etc. # 507	3. Mailing Address Same. Suite, Apt. #, etc.
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05042004

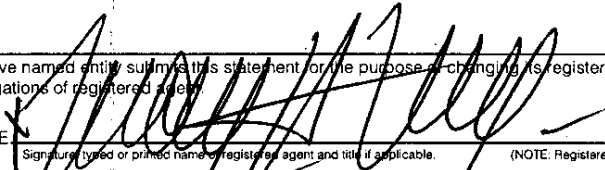
City & State Coral Gables, FL	City & State
Zip 33134	Country USA

4. FEI Number 02-0558562	Applied For Not Applicable
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5. Certificate of Status Desired	6. \$8.75 Additional Fee Required
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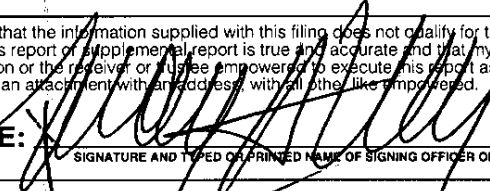
6. Name and Address of Current Registered Agent	
GALVEZ-PRIEGO, JORGE 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name Juan V. Urdaneta	
Street Address (P.O. Box Number is Not Acceptable)	
2655 LeJune Rd, # 507	
City Coral Gables	FL 33134

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 	DATE 4/30/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	D PINTADO, FERNANDO 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pintado, Fernando 2655 LeJune Rd, #507 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, PATRICIA P 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rivero, Patricia P. 2655 LeJune Rd, #507 Coral Gables, FL 33134 <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
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

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: 	Fernando Pintado Dir / Signed Date 4/30/04 by Atty in fact.