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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE VISION OF CORPORATIONS DOCUMENT # P01000118305 03 SEP 22 AM 8: 00 1. Entity Name K & K USA ENTERPRISE, INC. 100023243651 DO NOT WRITE IN THIS SPACE 09/22/03--01089--004 **150.00 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 16452 SW 95 LN Suite, Apt. #, etc. 16452 SW 95 ĽN City & State City & State 65-1159102 Miami, FL Miami, FL Zip 33196 \$8.75 Additional 5. Certificate of Status Desired 33196 USA USA Fee Required 7. Name and Address of Current Registered Agent Name ULISES EUSTAQUIO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 16452 SW 95 LN City Miami 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 ULISES EUSTAQUIO (NOTE: Registered Agera signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE **ULISES EUSTAQUIO** NAME NAME 16452 SW 95 LN STREET ADDRESS STREET ADDRESS Miami, FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ÁŔQUIMEDES EUSTAQUIO NAME NAME 16452 SW 95 LN STREET ADDRESS STREET ADDRESS Miami, FL 33196 CITY-ST-ZIP CITY-ST-ZIF TITLE MALIE NAME: 2 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP

13. I hereby centify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

TITLE

NAME :

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ULISES EUSTAQUIO, PRESIDENT

305-386-6517

IN THIS SPACE

Dayline Pilone #

Miami, September 15, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: K & K USA ENTERPRISE, INC.

Doc. Number P01000118305

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2002 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2002 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2001.

Your consideration will be greatly appreciated.

elecuporated in 2001 Vi/02

Sincerely,

Ulises Eustaquio

President

16452 SW 95 LN Miami, FL 33196