

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 036 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000008091			
1. Entity Name GENDAL USA CORPORATION			
Principal Place of Business 16020 OPAL CREEK DR. # 5210 DAVIE, FL 33331		Mailing Address 16020 OPAL CREEK DR. # 5210 DAVIE, FL 33331	
2. Principal Place of Business 16020 OPAL CREEK DR.		3. Mailing Address 16020 OPAL CREEK DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33331		Zip 33331	
Country USA		Country USA	
4. FEI Number 03-0432973		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTEGANO, OSCAR 16020 OPAL CREEK DR. # 5210 DAVIE, FL 33331		7. Name and Address of New Registered Agent Name ORTEGANO OSCAR Street Address (P.O. Box Number is Not Acceptable) 16020 OPAL CREEK DR. City DAVIE FL Zip Code 33331	
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:  OSCAR ORTEGANO DATE: 03-23-04 (NOTE: Registered Agent signature required when withdrawing.)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ORTEGANO, OSCAR 16020 OPAL CREEK DR. DAVIE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V. DIAZ LETICIA 16020 OPAL CREEK DR. DAVIE, FL 33331 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ORTEGANO, OSCAR 1431 CAPRI LANE #5210 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RICHARD, GONZALEZ 16020 OPAL CREEK DR. DAVIE, FL 33331 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 address, with all other like empowered.			
SIGNATURE:  ORTEGANO OSCAR		DATE: 03-23-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	