


**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000010533

1. Entity Name
EBENEZER USA INC.



Principal Place of Business	Mailing Address
7400 WEST 20TH AVENUE APT 416 HIALEAH, FL 33016	1570 W 58 AVE 7400 WEST 20TH AVENUE APT 416 HIALEAH, FL 33016

66425949



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3597615	Applied For Not Applicable
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6. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ERAZO, MIGUEL
 7400 WEST 20TH AVENUE
 APT 416
 HIALEAH, FL 33016

Maria Pineda
 1570 W 58 AVE
 HIALEAH FL 33012

**DO NOT WRITE
 IN THIS SPACE**

B. 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: *[Signature]* DATE: 05-26-04

Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERAZO, MIGUEL
STREET ADDRESS	7400 WEST 20TH AVENUE, SUITE 416 1570 W 58 AVE
CITY-ST-ZIP	HIALEAH, FL 33016 Hialeah FL 33012
TITLE	V
NAME	PINEDA, MARIA
STREET ADDRESS	7400 WEST 20TH AVENUE, SUITE 416 1570 W 58 AVE
CITY-ST-ZIP	HIALEAH, FL 33016 Hialeah FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: *[Signature]* DATE: 05-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR