2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P02000011036 1. Entity Name BURBA SERVICES USA INC.						04-13-2005 90061 035 ***150.00				
Principal Place of Business		Mailing Address								
1798 65TH WAY N St Petersburg, FL 33710		1798 65TH WAY N St Petersburg, FL 33710			1					
STEELERSBORG, TE 33710		JITETERODORO, TE 3	3710		(100011001 411 0		11 83 121 HB21 N	BU BBIPB IIN'S BIN	881 M 1981	
2. Principal Place of Business		3. Mailing Address		<u> </u>						
-					RUB 1680) BBIIL BBIIL BBI	TA BRITAL HARATA	AIY PRINK MAYA PIN	821 U 1881		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 26-0037			<u> </u>	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Addi		
-	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New F	tegistered i	Fee Required Agent		
				Name			 			
BURBA, ALOYZAS 1798 65TH WAY N ST PETERSBURG, FL 33710				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.					5.00 May Be dded to Fees			, <u>, , , , , , , , , , , , , , , , , , </u>	177 <u>2</u>	
10.	OFFICERS AND		11		ADDITIONS/0	CHANGES TO OFF	ICERS AND			
TITLÉ NAME	D BURBA, ALOYZAS	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	1798 65TH WAY N	•		ET ADDRESS	,	`				
CITY-ST-ZIP	ST PETERSBURG, FL 33710		+-	-ST-ZIP					- Addition	
TITLE NAME		☐ Delete	TITLE	I				Change	☐ Addition	
STREET ADDRESS	,			ET ADORESS		# · ·			•	
CITY-ST-ZIP				-ST-ZIP	<u> </u>	· · ·			T A AANS	
TITLE NAME		Delete	NAM					Change	_ L_] ABOILION_	
STREET ADDRESS			STRE	ET ADDRESS				•		
CITY-ST-ZIP				-ST-ZIP			•	Change	Addition	
TITLE NAME		☐ Delete	TITLE	1				Change	C Addition	
STREET ADDRESS				ET ADDRESS					• *	
CITY-ST-ZIP				-ST-ZIP				☐ Change	☐ Addition	
NAME.		☐ Delete	TITLI NAM	i						
STREET ADDRESS				ET ADDRESS				<u> </u>	221. 2	
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP				☐ Change	Addition	
TITLE		Delete	NAM	I						
STREET ADDRESS		10		ET ADDRESS - ST-ZIP				and the second		
12. 1 hereby	certify that the information supplied wit	h this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that the in	formation	

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 113-05(), Profit a Statutes. That if a man officer or director 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 exempt 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.

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PLESIVENT

(329) 3444-4957