

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000013384</b> 1. Entity Name DERMOCELL U.S.A., INC.	
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Principal Place of Business 7640 NW 25 STREET 113 MIAMI, FL 33122	Mailing Address 7640 NW 25 STREET 113 MIAMI, FL 33122
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3650853	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROJAS, FARJO A 7640 NW 25 STREET 113 MIAMI, FL 33122	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, FABIO A CALLE 108A NO. 16-12 BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROJAS, CLARA C CALLE 108A NO. 16-12 BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROJAS, DIEGO F CALLE 108A NO. 16-12 BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, CLARA R CALLE 108A NO. 16-12 BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JUAN C CALLE 108A NO. 16-12 BOGOTA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000138362  
(04/29/04-80074-021 150.00)

**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:** DIEGO ROJAS 04/27/04 (786) 845-9338  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #