


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90071 023 ***150.00

DOCUMENT # P02000018936	
1. Entity Name NARO USA, INC.	

Principal Place of Business 7635 ASHLEY PARK CT., #503-B SUITE 503-B ORLANDO FL 32835	Mailing Address 7635 ASHLEY PARK CT., #503-B SUITE 503-B ORLANDO FL 32835
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2. Principal Place of Business 1116 E. PLANT STREET Suite, Apt. #, etc.	3. Mailing Address 1116 E. PLANT STREET Suite, Apt. #, etc.
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City & State WINTER GARDEN, FLORIDA	City & State WINTER GARDEN, FLORIDA
Zip 34787	Country ORANGE

4. FEI Number 03-0451769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLANTUONI, LUIS 7959 GOLDEN POND COURT KISSIMMEE FL 34747	
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7. Name and Address of New Registered Agent Name LUIS COLANTUONI Street Address (P.O. Box Number is Not Acceptable) 2648 ROBERT TRENT JONES DR. APT. NO. 216 City ORLANDO, FL Zip Code 32835	
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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 <u>LUIS COLANTUONI, President</u> DATE <u>April 12, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLANTUONI, LUIS 7959 GOLDEN POND COURT KISSIMMEE FL 34747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Luis Colantuoni, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	April 12, 2004 (407) 538-2032 <small>Date Daytime Phone #</small>