

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90291 035 ***150.00

DOCUMENT # P02000022384

1. Entity Name
AFRICAN RENAISSANCE USA INC.



Principal Place of Business
**ORLANDO FASHION SQUARE
3201 M14 E. COLONIAL DR.
ORLANDO, FL 32803**

Mailing Address
**4012 MAGUIRE BLVD. #4214
ORLANDO, FL 32803**

44027516



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4854929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D
NAME	DU BUSISSON, CATHERINE A
STREET ADDRESS	4012 MAGUIRE BLVD. #4403- 4214
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	DU BUISSON, JAMES ROBERT T
STREET ADDRESS	PO BOX 355, FLORIDA HILLS 1716
CITY-ST-ZIP	SOUTH AFRICA,
TITLE	D
NAME	DU BUISSON, ANN LOUISE
STREET ADDRESS	4012 MAGUIRE BLVD. #4403- 4214
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	DU BUISSON, DAVID JAMES
STREET ADDRESS	PO BOX 355, FLORIDA HILLS 1716
CITY-ST-ZIP	SOUTH AFRICA,
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:

Ann Buisson

not on form

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