2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2005 8:00 am Secretary of State 03-23-2005 90027 016 ***150.00 DOCUMENT # P02000037305 1. Entity Name ARLANDOC U.S.A., INC. Principal Place of Business Mailing Address 10913 NW 30 STREET #100 10913 NW 30 STREET #100 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 2108 N.W. 99 AVENUE 2108 N.W. 99 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 02-0587864 MIAHIMIAMI Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 3*3/7*/ USA Fee Required usA6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent. SCHMITT, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 10035 NW 51 TERR MIAMI, FL 33178 City 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 ______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ☐ Change ☐ Addition SCHMITT, RAYMOND NAME NAME STREET ADDRESS 10035 NW 51 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE V.P. ☐ Delete TITLE ☐ Change **M** Addition PIANA, DANIELA 10035 N.W. SI TERR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. 33178 TITLE TITLE ☐ Delete V.P. ☐ Change Addition NAME NAME SCHMITT, SEBASTIAN STREET ADDRESS STREET ADDRESS 6 IMPASSE DE LA ROBERTSAU CITY-ST-ZIP CITY-ST-ZIP 67800 HOENHEIM, FRANCE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of 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 othertike empowered.

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