

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037721

Entity Name: INDOMITA USA, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

790 CHIMNEY ROCK RD.
WESTON, FL 33327

New Principal Place of Business:

2700 GLADES CIRCLE
SUITE 144
WESTON, FL 33327

Current Mailing Address:

P.O. BOX 266944
WESTON, FL 33326

New Mailing Address:

FEI Number: 45-0473972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLER, MICHAEL E
790 CHIMNEY ROCK RD.
WESTON, FL 33327

Name and Address of New Registered Agent:

ENGLER, MICHAEL E
2700 GLADES CIRCLE
SUITE 144
WESTON, FL 33327

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.

SIGNATURE:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ENGETZ, MICHAEL
Address: 790 CHIMNEY ROACK RD.
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: D () Delete
Name: LABARI, PIERRE JEAN
Address: 350 W. EL CAMINO REAL
City-St-Zip: SUNNYVALE, CA 94087

Title: D () Delete
Name: FALCONE, RODRIGO
Address: AVE. KENNEDY 5682
City-St-Zip: VITACURA, SANTIAGO, CH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ENGLER, MICHAEL
Address: 2700 GLADES CIRCLE, SUITE 144
City-St-Zip: WESTON, FL 33327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ENGLER

DPT

04/13/2004

Electronic Signature of Signing Officer or Director

Date