

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000048784 1. Entity Name INTERNATIONAL KONTACT CONSULTING USA, INC.			
Principal Place of Business ONE SE 3RD AVENUE SUITE 2120 MIAMI, FL 33131		Mailing Address ONE SE 3RD AVENUE SUITE 2120 MIAMI, FL 33131	
2. Principal Place of Business One SE 3rd Avenue Suite, Apt. #, etc. Suite 2150 City & State Miami, FL Zip 33131		3. Mailing Address One SE 3rd Avenue Suite, Apt. #, etc. Suite 2150 City & State Miami, FL Zip 33131	
Country USA		Country USA	
4. FEI Number 03-0464513		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BUZYNER, JOSEPH ONE SE 3RD AVENUE SUITE 2120 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUKIER, ALEXANDRE 13 RAE ROYAL CARROLLTON, TX 75006	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X CUKIER ALEXANDRE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 01/26/04 Daytime Phone #	

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