


2004
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90171 017 ***150.00

DOCUMENT # <u>P02000059339</u>	
1. Entity Name <u>Abamed U.S.A Corp.</u>	

DO NOT WRITE IN THIS SPACE

94069080

2. Principal Place of Business <u>8961 N.W. 78th St.</u>		3. Mailing Address <u>PO Box 26562</u>	
Suite, Apt. #, etc. <u>#257</u>		Suite, Apt. #, etc.	
City & State <u>Tamarae, FL</u>		City & State <u>St. Landardine, FL</u>	
Zip <u>33321</u>	Country <u>USA</u>	Zip <u>33304-6562</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>05-0705659</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Luz M. Zuleta</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>8961 NW 78th St #257</u>			
City <u>Tamarae</u> FL Zip Code <u>33321</u>			

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] DATE 4/22/04
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 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	<u>Director / Pres, Trans, 604</u> <u>Luz M. Zuleta</u> <u>8961 N.W. 78th St #257</u> <u>Tamarae, FL 33321</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/22/04 954-532-0317
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034B (12/02)