

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90693 014 \*\*\*150.00

<b>DOCUMENT # P02000062932</b>					
1. Entity Name PILA GROUP, U S A, INC.					
Principal Place of Business 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309			Mailing Address POST OFFICE BOX 5046 FORT LAUDERDALE, FL 33310-5046		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0623164	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DATA PROFESSIONALS, INC. 3935 N.W. 38TH TERRACE LAUDERDALE LAKES, FL 33309				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVENSSON, LARS G		NAME		
STREET ADDRESS	3935 N.W. 38TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPUIS, GINA G		NAME		
STREET ADDRESS	3090 S. OAKLAND FOREST DRIVE #1903		STREET ADDRESS	3516 SW 15TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PEREZ, FERMIN	
STREET ADDRESS			STREET ADDRESS	4001 S. OCEAN DRIVE - #16A	
CITY-ST-ZIP			CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Lars G. Svensson</i>			4-28-04 954-731-4831		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		