


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90065 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000070683

1. Entry Name
S M G USA CORP.



Principal Place of Business Mailing Address

C/O SOFIA POWELL-COSIO **C/O SOFIA POWELL-COSIO**
1900 S.W 3RD AVE **1900 S.W 3RD AVE.**
MIAMI FL 33129 **MIAMI FL 33129**

94038175



MOORE CR2E03A (11/03)
06-1642418

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 Applied For

AP-PLIED FOR Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

POWELL-COSIO, SOFIA
1900 SW 3 AVE
MIAMI FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUPERTINO, SERGIO ATILIO		NAME		
STREET ADDRESS	1900 SW 3 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASIF, GABRIEL NORMA		NAME		
STREET ADDRESS	1900 SW 3 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		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		
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(9)(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 entity; that I have received or trust to be 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.



SIGNATURE: _____ DATE _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #