2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089106

MIAMI, FL 33161

City-St-Zip:

FILED Apr 22, 2004 Secretary of State

Entity Name: SAL BAHIA USA CORPORATION					
Current Principal Place of Business:			New Principal Place of	f Business:	
10800 BISC SUITE 540 MIAMI, FL	CAYNE BLVD 33161				
Current Mailing Address:			New Mailing Address:		
10800 BISC SUITE 540 MIAMI, FL	CAYNE BLVD 33161				
FEI Number:	75-3077054	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	TION COMPAI CAYNE BLVD. D (TJM) 33131 US	NY OF MIAMI	OCHOA, MARIBEL 10800 BISCAYNE BLVD SUITE 540 MIAMI, FL 33161 US).	
The above in the State		ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MARIBEL OCHOA				04/22/2004	
		c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () I TSOUKATOS, MI 10800 BISCAYN MIAMI, FL 3316	E BLVD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I TSOUKATOS, MI 10800 BISCAYN MIAMI, FL 3316	E BLVD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () I TSOUKATOS, MI 10800 BISCAYN MIAMI, FL 3316	E BLVD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	S () I OCHOA, MARIBE 10800 BISCAYN		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MIGUEL E. TSOUKATOS PD 04/22/2004