


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 018 ***150.00

DOCUMENT # P02000089107	
1. Entity Name JOGGING USA, INC.	

Principal Place of Business 266 WILSHIRE BLVD., STE 131 CASSELBERRY, FL 32707	Mailing Address 17820 SW 4 COURT PEMBROKE PINES, FL 33029
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44015233



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 266 WILSHIRE BLVD, STE 131 Suite, Apt. #, etc.	
City & State		City & State CASSELBERRY, FL, 32707	
Zip	Country	Zip	Country
		32707	FLORIDA

02172004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2372917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, MONEQUE S ESQ 8260 WEST FLAGLER STREET SUITE 1E MIAMI, FL 33144		7. Name and Address of New Registered Agent Name MARIA DE BERRU Street Address (P.O. Box Number is Not Acceptable) 266 WILSHIRE BLVD, STE 131 City CASSELBERRY FL Zip Code 32707	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAREDES DE BERRU, MARIA DEL C 266 WILSHIRE BLVD., STE 131 CASSELBERRY, FL 32707 <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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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

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: <u>Maria del Carmen de Berru</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/27/04 <small>Date</small>	4077672992 <small>Daytime Phone #</small>
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