## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2007 08:00 AM Secretary of State DOCUMENT # P02000113098 VIKING USA ENTERPRISES, INC. Principal Place of Business Mailing Address 1609 ALTON RD. 1609 ALTON RD. MIAMI BCH, FL 33139 MIAMI BCH, FL 33139 CR2E034 (11/05) 01302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1852535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURLACU, MIRCEA DO NOT WRITE 8851 FROUDE AVE. SURFSIDE, FL 33154 IN THIS SPACE 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, typed or printed name of registered agent and this if applicable. (NOTE, Registered Agent signature required when reinstating) U00000617607 02/07/07-80082-812 150.00 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee Will-be-\$650:00 10. OFFICERS AND DIRECTORS TITLE NAME BURLACU, MIRCEA 8851 FROUDE AVE. STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME BURLACU, ZOIA I STREET ADDRESS 8851 FROUDE AVE. SURFSIDE, FL 33154 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 pusted of 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 activess with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date [[31 (0]]

Dayame Phone #

FILED