


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P02000114701	
1. Entity Name WFB USA, INC.	

Principal Place of Business 175 FONTAINEBLEAU BLVD., 1-R13 MIAMI, FL 33172	Mailing Address 4040 NORTH KEDCIE, 4TH FLOOR CHICAGO, IL 60618
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**DO NOT WRITE IN THIS SPACE**



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1654375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ANTONIO L. VILLELA MACHADO 175 FONTAINEBLEAU BLVD., 1-R13 MIAMI, FL 33172
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONIO L. VILLELA MACHADO 175 FONTAINEBLEAU BLVD., 1-R13 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, MICHAEL 4040 NORTH KEDCIE, 4TH FLOOR CHICAGO, IL 60618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACHADO, FERNANDA G 175 FONTAINEBLEAU BLVD., 1-R13 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, WALDETE G 175 FONTAINEBLEAU BLVD., 1-R13 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/27/04-90002-002 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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.

<b>SIGNATURE:</b> 	7/24/04	(773) 871-3800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>