


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90010 017 \*\*\*158.75

<b>DOCUMENT # P02000121155</b> 1. Entity Name <b>FOLDA USA INC.</b>					
Principal Place of Business <b>2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b>			Mailing Address <b>2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code	
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 <u><i>Jozsef L. Kiss</i></u> <span style="float: right;">04/14/04</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VARGA, MIKLOS 2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTD MIKLOS VARGA 2110 N. 46 AVE HOLLYWOOD, FL 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PICKL, HEINZ 2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b> <input checked="" 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	<b>S KISS, JOZSEF L 2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b> <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	<b>TD HEVESI, ALEXANDRU 2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021</b> <input checked="" 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	
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><i>Varga Miklos</i></u> <span style="float: right;">04/14/04</span> <span style="float: right;">954 647 7236</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					