2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
02-13-2004 90012 002 ***150.00

DOCUMENT # P02000121182

1. Entity Name
OPENFIELD US, INC.

66404136

02062004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2126 INVERNESS CT OVIEDO, FL 32765	2126 INVERNESS CT OVIEDO, FL 32765

2. Principal Place of Business	3. Mailing Address
115 EAST LYMAN AVE	115 EAST LYMAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 55-0814798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOLTUN, JEFFREY M ESQ 557 N WYMORE RD SUITE 100 MAITLAND, FL 32751	Name Street City FL 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 ag

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DP MAZIERE, PATRICIA 2126 INVERNESS CT OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROLLAND, SYLVIA ~~115 E LYMAN AVE~~ ~~WINTER PARK, FL 32789~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROLLAND SYLVIA 2126 INVERNESS CT OVIEDO, FL 32765 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTHOME, SYLVIE ~~145 EAST LYMAN AVE~~ 896 N. Lake Claire ~~WINTER PARK, FL 32789~~ Circle	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	oviedo FL 32765.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 02/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #