

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90041 014 \*\*\*150.00

<b>DOCUMENT # P03000002759</b>																																																																																																																																																					
<b>1. Entity Name</b> <b>MAGNOLIA USA, INC.</b>																																																																																																																																																					
<b>Principal Place of Business</b> <b>1318 LAFAYETTE STREET</b> <b>CAPE CORAL, FL 33904</b>			<b>Mailing Address</b> <b>1318 LAFAYETTE STREET</b> <b>CAPE CORAL, FL 33904</b>																																																																																																																																																		
<b>2. Principal Place of Business</b> <b>4507 SE 16<sup>th</sup> PLACE</b>			<b>3. Mailing Address</b> <b>4507 SE 16<sup>th</sup> PLACE</b>																																																																																																																																																		
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<b>Zip</b> <b>33904</b>		<b>Country</b> <b>USA</b>		<b>4. FEI Number</b> <b>43-1629153</b>																																																																																																																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable																																																																																																																																																	
<b>6. Name and Address of Current Registered Agent</b> <b>SCHUTT, DARRIN R ESQ.</b> <b>1105 CAPE CORAL PARKWAY EAST</b> <b>SUITE C</b> <b>CAPE CORAL, FL 33904</b>																																																																																																																																																					
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>SVEN MILBERG</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>6987 HIGHLAND PARK CIRCLE</b> <b>City</b> <b>FORT MYERS</b> <b>FL</b> <b>Zip Code</b> <b>33912</b>																																																																																																																																																					
<b>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.</b> <b>SIGNATURE</b> <u><i>Sven Milberg</i></u> <b>(SVEN MILBERG) SECRETARY</b> <b>03-30-2004</b> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D WOERMANN, GERHARD MAGNOLIAWEG 12 D-33649 BIELEFELD GERMANY.</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">S MILBERG, SVEN 6987 HIGHLAND PARK CIRCLE FORT MYERS, FL. 33912</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px; 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<b>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.</b>																																																																																																																																																					
<b>SIGNATURE:</b> <u><i>Sven Milberg</i></u> <b>(SVEN MILBERG) SECRETARY</b> <b>03-30-2004, (239)541-0000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

34041600



03262004 Chg-P CR2E034 (10/03)