


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90069 036 ***150.00

DOCUMENT # P03000004706

1. Entity Name
 TORCON USA, INC.



Principal Place of Business
 C/O GRANT KAPLAN
 20283 STATE ROAD 7, #400
 BOCA RATON, FL 33498

Mailing Address
 C/O GRANT KAPLAN
 20283 STATE ROAD 7, #400
 BOCA RATON, FL 33498

94038365



2. Principal Place of Business
 7200 W. CAMINO REAL

3. Mailing Address

Suite, Apt. #, etc.
 Suite 102

Suite, Apt. #, etc.
 1721 AVENIDA del SOL

City & State
 BOCA RATON, FL

City & State
 BOCA RATON, FL

Zip
 33433

Country
 USA

Zip
 33432

Country
 USA

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
 56-2315429

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 agent.

SIGNATURE _____ (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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTELLI, JOE	NAME	D CARTELLI, JOE
STREET ADDRESS	20283 STATE ROAD 7, #400	STREET ADDRESS	1721 AVENIDA del SOL
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D CARTELLI, ADRIANO
STREET ADDRESS		STREET ADDRESS	1721 AVENIDA del SOL
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/26/04 (561) 212 4614
 Daytime Phone #