

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000034147



1. Entity Name  
PCS W USA CORP

Principal Place of Business  
2742 SW 8ST, STE 202  
MIAMI, FL 33135

Mailing Address

2742 SW 8ST, STE 202  
MIAMI, FL 33135

2. Principal Place of Business  
350 Lincoln Road

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 406

Suite, Apt. #, etc.

same

City & State  
Miami Beach FL

City & State

same

Zip 33139

Country USA

Zip

same

Country

same

03102004 Chg-P CR2E034 (10/03)

4. FEI Number 81-0605434 Applied For

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

SERBO, AGUSTIN A  
618 EUCLID AVE #302  
MIAMI BEACH, FL 33139

Name ALEXANDRA ROMERO

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

350 Lincoln Road Suite 406

City Miami Beach

FL

Zip Code 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/04

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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBUFFO, MARCELO A		NAME	
STREET ADDRESS	618 EUCLID AVE #302		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERBO, AGUSTIN A		NAME	
STREET ADDRESS	618 EUCLID AVE #302		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		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

3/15/04

Date

Daytime Phone #