

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045820 1. Entity Name AVET-USA, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 JUL 13 PM 12:25</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 9861 W SAMPLE RD STE 226 CORAL SPRINGS, FL 33065				Mailing Address 9861 W SAMPLE RD STE 226 CORAL SPRINGS, FL 33065			
2. Principal Place of Business		3. Mailing Address		 07122004 Chg-P CR2E034 (10/03) <i>MRS</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ARCADIER, MAURICO ESQ 9730 S DIXIE HWY STE 20 MIAMI, FL 33156				Name Hans Moench Street Address (P.O. Box Number is Not Acceptable) 9861 W. Sample Road # 226 City Coral Springs FL Zip Code 33065			
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACKS, ROLAND EICHWIESSTR 9, 8630 RUTI SWITZERLAND,	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOENCH, HANS 9861 W. SAMPLE RD STE 226 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTI, ROLF 9861 W. SAMPLE RD STE 226 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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.			600039535308 07/26/04--01067--015 **150.00				
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							