

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049147

Entity Name: INTEGRALMEDICA USA CORP.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1516 E. COLONIAL DR.
107
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1516 E. COLONIAL DR.
107
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 56-2383418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CRISTINA
285 WYMORE ROAD
206
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INTEGRALMEDICA S/A A, GRICULTURA E P E SQUISA
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900-000 BR

Title: VP () Delete
Name: SILVA, EUCLESIO B
Address: 6131 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: VP () Delete
Name: BRAGANCA, TANIA M
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

Title: DT () Delete
Name: SILVA, FILIPE B
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

Title: DS () Delete
Name: SILVA, ANNA B
Address: RUA BENTO ROTGER DOMINGUES, 1007
City-St-Zip: EMBU GUACU, SP 08900 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INTEGRALMEDICA S/A AGRICULTURA E PESQUISA

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date