


FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90017 027 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000054280					
1. Entity Name PRO-BEL USA, INC					
Principal Place of Business 765 WESTNEY ROAD S AJAX ONTARIO L1S 6W1 CANADA,			Mailing Address 20 N ORANGE AVE. STE. 407 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt # etc			Suite, Apt # etc <i>Suite 600</i>		
City & State			City & State		
Zip		Country	Zip		Country
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P A 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801				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, 2005 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> Delete			
NAME	STREET, DAVID				
STREET ADDRESS	765 WESTNEY RD S				
CITY-ST-ZIP	AJAX, CANADA, 11s 6w1				
TITLE	T	<input type="checkbox"/> Delete			
NAME	FELDMAN, GARY				
STREET ADDRESS	765 WESTNEY RD S				
CITY-ST-ZIP	AJAX, CANADA, 11s 6w2				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	LEBEL, MARC				
STREET ADDRESS	765 WESTNEY RD S				
CITY-ST-ZIP	CANADA, 11s 6w1				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: <i>Gary Feldman</i> Gary Feldman <i>800 461-0575</i> 800 461-0575					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					