2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000058802 04-30-2004 90344 001 ***150.00 1. Entity Name BRIAGO USA, CORP. Principal Place of Business Mailing Address 1649 SOUTH KIRKMAN ROAD, APT, 370 1649 SOUTH KIRKMAN ROAD, APT. 370 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business Mailing Address 4700 WILLENIA BLVd 4700 MILLENIA BLVD 04262004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE. SUITE 420 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33126 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 Fiorida. I am familiar with, and accept the obligations of registered age SIGNATURE name of redistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 , D, Trust Fund Contribution.' ... After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete DIAZ, DANOLYS NAME NAME 3417 WESTCHESTER SOP BLUD #17-104 1649 SOUTH KIRKMAN ROAD, APT. 370 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32811 CITY-ST-ZIP TITLE Delete TITLE NAME SPAZIANI, MICHELL NAME 3417 WESTCHESTER SO BLVd # 17-104 ORLAWDO, FL 32835 1649 SOUTH KIRKMAN ROAD, APT. 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Change

Change

■ Addition

Addition