

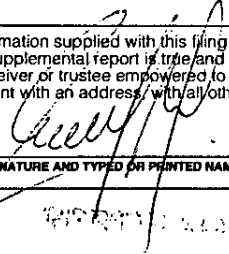


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 004 ***158.75

DOCUMENT # P03000064111 1. Entity Name PERUBAG U.S.A., INC.					
Principal Place of Business 2742 SW 8 ST #202 MIAMI, FL 33135			Mailing Address 2742 SW 8 ST #202 MIAMI, FL 33135		
2. Principal Place of Business 802 SOUTH D ST Suite, Apt. #, etc.		3. Mailing Address 802 SOUT D ST. Suite, Apt. #, etc.			
City & State LAKE WORTH - FL		City & State LAKE WORTH - FL		4. FEI Number 06042004 Chg-P CR2E034 (10/03)	
Zip 33460		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBA, MANUEL 2742 SW 8 ST #202 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name BARBA MANUEL Street Address (P.O. Box Number is Not Acceptable) 802 SOUTH D ST. City LAKE WORTH FL Zip Code 33460		
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  BARBA MANUEL - DIRECTOR JUN 03, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 D <input type="checkbox"/> Delete NAME BARBA, MANUEL STREET ADDRESS 2742 SW 8 ST #202 CITY-ST-ZIP MIAMI, FL 33135			TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BARBA, MANUEL STREET ADDRESS 802 SOUTH D ST. CITY-ST-ZIP LAKE WORTH, FL 33460		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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:  BARBA MANUEL 6/03/04 561-487-9710 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

Page 1 of 1

manuel barba

300006411
44046247

From: "corphelp" <corphelp@dos.state.fl.us>
To: "manuel barba" <manuelb4000@msn.com>
Sent: Friday, June 04, 2004 9:34 AM
Subject: RE:

The Uniform Business Report/Annual Report may be downloaded or you may file electronically. At our web site (www.sunbiz.org), click on "Need to file your 2004 Annual Report," to file electronically. If you wish to download the form and pay by check, please select "Click her to download your 2004 Annual Report Form".

If you have any further questions, please call the filing department directly at 850-245-6056 opt 4.

All corporations that are authorized to transact business in the State of Florida must file a yearly uniform business report on form that are prescribed by the Division of Corporations. The uniform business report contains information such as the mailing and principal address of the corporation, the registered agent and his address, the current officers/directors of the corporation, as well as their addresses. This report allows any of this information to be changed so that it may be updated on our records.

All corporations are required to file the yearly uniform business report even if they did not transact any business or generate a profit for that year. The fee requirement is not a tax. It is a ministerial filing fee requirement for all corporations authorized to transact business in the state.

The uniform business report must be filed to maintain active status. This preserves the corporate shield.

Gina
Internet Access
Division of Corporations

-----Original Message-----

From: manuel barba [mailto:manuelb4000@msn.com]
Sent: Thursday, June 03, 2004 6:07 PM
To: corphelp@mail.dos.state.fl.us
Subject:

dear sirs:

We create a small bussiness named "PERUBAG USA INC" on Jun/1/2003 (ein: 33-1061631), but till today do not operated, so we want to hold our name and registration, because have chance to do our main purpose.

We have follow questions:

- 1./ What can we do to pay our annual fee by 2004 year?
 - 2./ what is way to change our address and chang some parts of our incorporation articles?
 - 3./as we do not operate on 2003, we do not fill any information to IRS, we have some fine for it?
- thanks

PERUBAG USA INC
MANUEL BARBA/DIRECTOR
EMAIL: PERUBAG_USA@HOTMAIL.COM
MANUEL4000@MSN.COM