2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90202 023 ***150.00

DOCUMENT # P03000067716 1. Entity Name DF DEUTSCHE FORFAIT AMERICAS, INC.						3-04-2004	J0202	. 025	50.00	
Principal Place of Business 800 BRICKELL AVENUE SUITE 305 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE SUITE 305 MIAMI, FL 33131			! 11 1 11101 1H 11 731 H	24068628				
2. Principal Pl 520 Or Suite lApt.	lace of Business ICKELL Key Drive	3. Malling Address 500 Brickell KeyDrive Suite, Apt. 4, etc.		•	·) 62 94 # 22 •		42() (#25) ((6)) 2()			
<u> અહ</u>	0-805	<u> </u>	305_			hg-P 	UH2E	034 (10/03)		
Chy & State	City & State (MI Oum) (MI Oum)				4. FEI Number 86-1072448			Applied For Not Applicable		
3316	31 Country USA	33131	Country		5. Certificate of Stat			\$8.75 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
TRANSGLOBAL CORPORATE ADMINISTRATION INC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Street Add	Street Addissor P.O. Box Number is Not Acceptable) Drive, SAC (0-305)						
	\bigcirc / \bigcirc	/	City	$\mathcal{L}_{\mathcal{I}}$	(10mi		FI		12/	
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.										1
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: R	lagistered Agent signature	required	when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND D		11.		ADDITIONS/CHAN	IGES TO OFFIC	ERS AN	ID DIRECTOR	S IN 11	
TITLE	D HORE HAN CADLOS	☐ Delete	TITLE					Change	☐ Addition	ı
NAME STREET ADDRESS	URIBE, JUAN CARLOS 800 BRICKELL AVENUE #305		NAME STREET ADDRESS						ļ	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP						Ì	İ
TITLE		□ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS						Ì	
CITY-ST-ZIP		•	CITY-ST-ZIP							

Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 accounte 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 guestifice empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr-1/28

Daytime Phone #