

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070763

FILED
Aug 03, 2004
Secretary of State

Entity Name: NOSTROS USA, INC.

Current Principal Place of Business:

141 HARBOR DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

141 HARBOR DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DAVID M
ONE SE THIRD AVENUE
1440
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, NORBERTO O
Address: 141 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: VITALE DE ALVAREZ, SUSANA B
Address: 141 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALVAREZ VITALE, NORBERTO
Address: 141 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALVAREZ VITALE, MARIA S
Address: 141 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ST () Delete
Name: ALVAREZ VITALE, MARIA E
Address: 141 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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: MARIA E ALVAREZ VITALE

ST

08/03/2004

Electronic Signature of Signing Officer or Director

Date