


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90096 035 ***150.00

DOCUMENT # P03000077673	
1. Entity Name FAIR USA CORPORATION	

Principal Place of Business 1866 N.W. 45TH COURT TAMARAC FL 33309	Mailing Address 1866 N.W. 45TH COURT TAMARAC FL 33309
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2. Principal Place of Business 1866 NW 45 CT	3. Mailing Address 1866 NW 45 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMARAC, FL	City & State (BROWARD) TAMARAC FL
Zip 33309	Zip 33309
Country BROWARD	Country BROWARD

6. Name and Address of Current Registered Agent BERECZ, KAREN 1866 N.W. 45TH COURT TAMARAC FL 33309

4. FEI Number 33-1067129	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name (SAME) KAREN BERECZ	
Street Address (P.O. Box Number is Not Acceptable) 1866 NW 45 CT	NA
City TAMARAC	FL Zip Code 33309

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 **ENDRE C. BERECZ** (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERECZ, ENDRE 1866 N.W. 45TH COURT TAMARAC FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ENDRE C. BERECZ** **ENDRE C. BERECZ FEB/04 954-5816340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #