


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-25-2004 90043 015 ***150.00

DOCUMENT # P03000095654	
1. Entity Name RIWAX AMERICA, INC.	

Principal Place of Business 3090 WALNUT STREET N.E. ST. PETERSBURG FL 33704	Mailing Address 3090 WALNUT STREET N.E. ST. PETERSBURG FL 33704
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2. Principal Place of Business 6399-142nd AVE NO.	3. Mailing Address 6399-142nd AVE NO.
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102

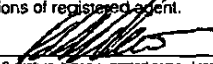
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33760	Zip 33760
Country	Country



MOORE CR2E034 (11/03)

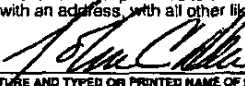
8. Name and Address of Current Registered Agent DEW, JOHN C 3090 WALNUT STREET N.E. ST. PETERSBURG FL 33704	
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7. Name and Address of New Registered Agent Name JOHN C. DEW Street Address (P.O. Box Number is Not Acceptable) 6399-142nd AVE NO SUITE 102 City CLEARWATER FL Zip Code 33760	
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9. 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  JOHN C. DEW PRES	DATE 03-22-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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	DP DEW, JOHN C 3090 WALNUT STREET N.E. ST. PETERSBURG FL 33704 <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	DST DEW, PETER C 2360 MESSINGER CIRCLE SAFETY HARBOUR FL 34695 <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
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
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
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

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:  JOHN C. DEW	DATE 03-22-04 DAYTIME PHONE 727-527-9664