


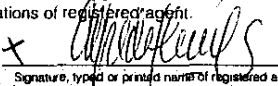
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State


05-24-2004 90009 013 ***150.00

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DOCUMENT # P03000095703			
1. Entity Name PILVICSA USA, INC.			
Principal Place of Business 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, FL 33309		Mailing Address 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 18090 COLLINS AVE		3. Mailing Address 18090 COLLINS AVE	
Suite, Apt. #, etc. 179		Suite, Apt. #, etc. 179	
City & State SUNNY ISLE BEACH-FL		City & State SUNNY ISLE BEACH-FL	
Zip 33160	Country DADG	Zip 33160	Country DADG
4. FEI Number 20-0377631		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ. 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name FLOREZ, RAMON Street Address (P.O. Box Number is Not Acceptable) 18090 COLLINS AVE City SUNNY ISLE BEACH FL Zip Code 33160	
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  RAMON A. FLOREZ DATE May 15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, GERMAN 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, 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	D ESPINOSA, ROQUE 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, 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	D CORREA, LUIS M 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, 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	D HIDALGO, GUSTAVO 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE, 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
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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 RAMON A. FLOREZ

Date May 15/04 Daytime Phone # (305) 866-4124