


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105070 1. Entity Name KOLOSH AMERICA INC.	
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Principal Place of Business 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133	Mailing Address 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133
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2. Principal Place of Business 319 N.W. 25th Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami, Floria	City & State	4. FEI Number 20-0815580	Applied For <input type="checkbox"/> Not Applicable
Zip 33127	Country USA	Zip	Country

FILED

04 MAY -3 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, IINC. 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900035749949 05/07/04--01043--002 **1652.50 City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LEHNNEN, ROMEU TRAVESSA AZEVEDO, 178-1 PISO BAIRRO FLOREST 90.220-200 PORTO ALEGRE,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fernandes Da Silva, Alvaro Pedro Travessa Azevedo, 178-1 Piso Bairro Florest 90.220-200 Porto Alegre
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.

Alvaro Pedro Fernandes Da Silva
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 (305) 571-1805
Date Daytime Phone #