2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

*DOCUMENT # P03000133577 1. Entity Name SYDNEY USA, INC.					04-26-2004 91029 013 *****150.00				
Principal Place of Business Mailing Address 900 INGRA HAM BLD 25 SE 2ND AVE 900 INGRA HAM BLD			S SE 2ND AVE						
MIAMI, FL 33131	M	NAMI, FL 33131				eren ann malte natu des	## 11 220 111 21	1 8 20 1 55 0 (69)	18 6 1 16 1 86 3
2. Principal Place of Business 1101 Brickell Au	je	3. Mailing Address							
Suite, Apt. #, etc. Suite 400 Sout	h Tower	Suite, Apt. #, etc.			04072004 Chg-P CR2E034 (10/03)				
City & State Mi Ami, F1.		City & State			4. FEI Number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	plied For t Applicable
Zip Country	y ·	Zip	Country	***************************************	5. Certificate c	of Status Desired		8.75 Addi	itional
	ress of Current Regis	tered Agent			7. Name and	Address of New F			
MURAI,WALD,BIONDO & M	ORENO, P.A.		L.	Name			····	,,	
900 INGRAHAM BLD 25 SE 2ND AVE MIAMI, FL 33131			ľ	Street Address (P.O. Box Number is Not Acceptable)					
					·			·	
			(City			FL	Zip Code	ì
 The above named entity submits the obligations of registered ager 		ourpose of changing its	registered i	office or registe	red agent, or both	n, in the State of Fi	orida. I am fa	miliar with, a	and accept
SIGNATURE Signature, hyped or printed name	pe of registered agent and title	f applicable (NOTE	: Registered Ag	gent dignature require	d when remetating)		DATE		
FILE NOW!!! FEE IS After May 1, 2004 Fee w	vill be \$550.00	9. Election Campai Trust Fund Contr	ribution.	ng \$5	.00 May Be ded to Fees				
TITLE	OFFICERS AND DIREC	Delete	11.	2.5		CHANGES TO OFF		DIRECTORS Change	IN 11
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TITLE		☐ Delete	TITLE	VP.	5			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET A	ADDRESS HO	ege Opt Brickel	ega And 1 Aue, S	rade	00 \$.7	שמבר
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADORESS				☐ Change	Addition
12. I hereby certify that the informal indicated on this report or supply of the corporation or the receive changed, or on an attachment v	lemental report is true	and accurate and that n	ny signatur	e shall have the	same legal effect 7, Florida Statutes	as if made under	oath; that I ar ne appears in	n an officer Block 10 or	or director Block 11 if
SIGNAL SIGNAL	URE AND TYPED OR EMNTER	NAME OF SIGNING OFFICER	OR DIRECTOR	<u> </u>		Date	[)ay	ytime Phone #	•