



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90525 038 ***150.00

DOCUMENT # P03000147364 1. Entity Name ARX-USA, INC.			
Principal Place of Business 260 MAITLAND AVE., STE. 1500 ALTAMONTE SPRINGS, FL 32701		Mailing Address 260 MAITLAND AVE., STE. 1500 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 931 W. KIVA SPRINGS RD. Suite, Apt. #, etc.		3. Mailing Address 931 W. KIVA SPRINGS RD. Suite, Apt. #, etc.	
City & State Longwood, FL Zip Country 32779 Seminole		City & State Longwood, FL Zip Country 32779 Seminole	
4. FEI Number 57-1199547		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 STANLEY, FREDERIC JR. 260 MAITLAND AVE., STE. 1500 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 President/Director <input type="checkbox"/> Delete NAME PIZZUTO, DAVID STREET ADDRESS 640 KINGFISH RD. CITY-ST-ZIP NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  David Pizzuto 4/23/04 (407) 786-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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