

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148608

Entity Name: CIDELCO USA, INC.

FILED
May 13, 2004
Secretary of State

Current Principal Place of Business:

12003 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

5570 NW 44TH STREET UNIT #413
TAMARAC, FL 33319 US

Current Mailing Address:

12003 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

New Mailing Address:

5570 NW 44TH STREET UNIT #413
TAMARAC, FL 33319 US

FEI Number: 76-0747262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Change (X) Addition
Name: MENDIZABAL, CESAR FELIPE S DP
Address: 5570 NW 44TH STREET UNIT #413
City-St-Zip: TAMARAC, FL 33319 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR FELIPE S MENDIZABAL

DP

05/13/2004

Electronic Signature of Signing Officer or Director

_____ Date