2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, wit

SIGNATU

Jul 01, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000155658 06-14-2004 90005 035 ***150.00 PHOENIX USA ENTERPRISES, CORP. Principal Place of Business Mailing Address 66429231 5025 WILES ROAD 5025 WILES ROAD **UNIT 201 UNIT 201** COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 06232004 CR2E034 (10/03) 4. FEL Number 20 - 05006 (2) City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRITTO, EVANDRO A Street Address (P.O. Box Number is Not Acceptable) 5025 WILES ROAD **UNIT 201** COCONUT CREEK, FL 33073 Zip Code 8. The above named entity submits this sta 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 gent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!N FEÉ IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice, Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.D TITLE Delete TITLE ☐ Change ☐ Addition BRITTO, EVANDRO A NAME NAME STREET ADDRESS 5025 WILES ROAD#201 STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fling descript 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 descript 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

E OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

AffaChment

66429231

June 23, 2004

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS

P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

PHOENIX USA ENTERPRISES, CORP

Doc. # P03000155658

We have not received the Annual Business Report 2004 first notice to renew our corporation's name.

We come before this honorable Department asking to wave this penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept the update form 2004 Annual Business Report along with a check of \$ 150,00 to pay the fee that I already paid.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,

Evandro A. Britto

President