FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90209 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157999

1. Entity Name
TRACOMAL USA CORPORATION

Principal Place of Business	Mailing Address
7932 WESTMINSTER ABBEY BLVD ORLANDO, FL 32883-5	9133 BAYWARD CT ORLANDO, FL 32819

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9133 Bayward Ct.	20 N. Orange Ave.
Suite, Apt # etc	Suite, Apt # etc Suite 600
City & State Orlando, FL	City & State Orlando, FL
Zip / Country 32819	Zip / Country 32801

4. FEI Number
20-0559423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDRY STONER DELANCETT & BROWN PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801	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 _____ 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHADO, BRUNO 7932 WESTMINSTER ABBEY BLVD ORLANDO, FL 328835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P, S 9133 Bayward Court Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHADO, GERALDO 7932 WESTMINSTER ABBEY BLVD ORLANDO, FL 328835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9133 Bayward Court Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP, Asst. Sec., Gustavo Rezende 9133 Bayward Court Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ FEB 16, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #