


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 011 ***163.75

DOCUMENT # P04000045200
 1. Entity Name
VACEL USA, INC.



Principal Place of Business Mailing Address
 5401 NW 102 AVENUE 5401 NW 102 AVENUE
 SUITE 128 SUITE 128
 SUNRISE, FL 33351 SUNRISE, FL 33351

2. Principal Place of Business 3. Mailing Address
3160 NW 108 TERRACE **PO BOX 13068**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # **311**

City & State City & State
SUNRISE **MIAMI, FLORIDA**
 Zip Country Zip Country
33351 **USA** **33101-9998** **USA**

50056141



07122005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
200836932 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

VASQUEZ, ROLANDO
3160 NW 108 TERR
SUNRISE, FL 33351

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
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P Delete <input type="checkbox"/>	NAME VASQUEZ, ROLANDO	TITLE VP Delete <input type="checkbox"/>	NAME ANA MARIA ESTRADA Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 3160 NW 108 TERR	CITY-ST-ZIP SUNRISE, FL 33351	STREET ADDRESS 1170 NW 80 AVE # 105	CITY-ST-ZIP MARGATE, FL 33063
TITLE Delete <input type="checkbox"/>	NAME	TITLE S Delete <input type="checkbox"/>	NAME LUIS A. VENTURA Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 9969 SW 146 PLACE	CITY-ST-ZIP MIAMI, FL 33186
TITLE Delete <input type="checkbox"/>	NAME	TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	TITLE Delete <input type="checkbox"/>	NAME
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TITLE Delete <input type="checkbox"/>	NAME	TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: *Rolando Vasquez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____