


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90036 023 \*\*\*150.00

<b>DOCUMENT # P04000050764</b>		
1. Entity Name HK FRANCE (USA), INC.		

Principal Place of Business 13375 S.W. 128TH ST. MIAMI, FL 33186	Mailing Address 13375 S.W. 128TH ST. MIAMI, FL 33186
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10001178

2. Principal Place of Business 13375 SW 128 Street		3. Mailing Address c/o MICHAEL K. FISH C.P.A.	
Suite, Apt. #, etc. 103A		Suite, Apt. #, etc. 7700 N. KENDALL DR, STE #503	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country US	Zip 33156	Country US

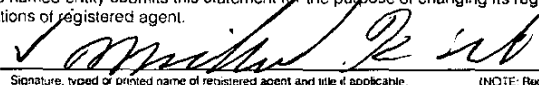


01102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0902916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANALES, CRISTOBAL 13375 S.W. 128TH ST. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name MICHAEL K. FISH C.P.A. Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL SUITE #503 City MIAMI FL Zip Code 33156	
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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 1/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENANI, HEDI 158 AVE. DE NIORT 79360 BEAUVIOR-FRANCE. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENANI, ANNE-MARIE 158 AVE. DE NIORT 79360 BEAUVIOR-FRANCE. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	1/9/05	305-279-8484
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>