
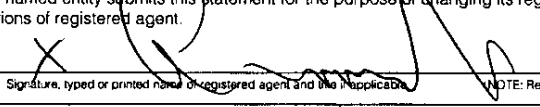
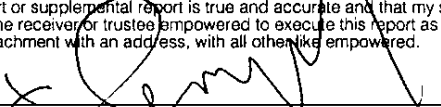


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90033 031 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # P04000054679 1. Entity Name E.B.E. USA, INC. | |  | |
| Principal Place of Business 7542 CAPRIO DR BOYNTON BEACH, FL 33437 | | Mailing Address 7542 CAPRIO DR BOYNTON BEACH, FL 33437 | |
| 2. Principal Place of Business - No P.O. Box # 15781 79th Ct North | | 3. Mailing Address 15781 79th Ct N. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Loxahatchee | | City & State Loxahatchee, FL | |
| Zip 33470 | | Zip 33470 | |
| Country | | Country | |
| 4. FEI Number 20-0936987 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHNEIDER, MOSHE 7542 CAPRIO DR BOYNTON BEACH, FL 33437 | | 7. Name and Address of New Registered Agent Name 15781 79th Ct N. City Loxahatchee FL Zip Code 33470 | |
| 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:  3/12/07 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PS SCHNEIDER, MOSHE 7542 CAPRIO DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15781 79th Ct N. Loxahatchee, FL 33470 <input checked="" 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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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/12/07 561-703-1714 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |