2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060606

City-St-Zip: HIALEAH, FL 33010

Entity Name: SLICK SEATING SYSTEMS LISA INC

FILED Jul 05, 2005 Secretary of State

Entity Nar	me: SLICKS	EATING SYSTEMS USA, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
812 SW 2 COURT FT LAUDERDALE, FL 33312			812 SW 2ND COUF FT LAUDERDALE,		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
812 SW 2 COURT FT LAUDERDALE, FL 33312				812 SW 2ND COURT FT LAUDERDALE, FL 33312	
FEI Number:	: 20-1022453	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CRAIG, ALAN 812 SW 2 COURT FT LAUDERDALE, FL 33312 US			CRAIG, ALAN 812 SW 2ND COUF FT LAUDERDALE,		
	named entity of Florida.	submits this statement for the pr	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:			07/05/2005	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ig Trust Fund Contribution().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRAIG, ALAN 812 SW 2 CO) Delete JRT ALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (RISPOLI, GAE 277 W 26 STF HIALEAH, FL	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (RISPOLI, DAV 277 W 26 STF		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALAN CRAIG MR 07/05/2005