# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# P04000107764

**Entity Name:** EAGLE ONE USA INC

**Current Principal Place of Business:**

770 PONCE DE LEON BLVD SUITE 209
CORAL GABLES, FL 33134

**New Principal Place of Business:**

717 PONCE DE LEON BLVD SUITE328
CORAL GABLES, FL 33134

**Current Mailing Address:**

770 PONCE DE LEON BLVD SUITE 209
CORAL GABLES, FL 33134

**New Mailing Address:**

717 PONCE DE LEON BLVD SUITE 328
CORAL GABLES, FL 33134

**FEI Number: 56-2472547** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARROJO, RAMON A
770 PONCE DE LEON BLVD SUITE 209
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ARROJO, RAMON A
717 PONCE DE LEON BLVD SUITE 328
CORAL GABLES, FL 33134 US

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.

SIGNATURE: RAMON ARROJO 04/27/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: ARROJO, RAMON A
Address: 770 PONCE DE LEON BLVD SUITE 209
City-St-Zip: CORAL GABLES, FL 33134

Title: CEO ( ) Delete
Name: ARROJO, RAMON A
Address: 770 PONCE DE LEON BLVD SUITE 209
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: ARROJO, RAMON A
Address: 717 PONCE DE LEON BLVD SUITE 328
City-St-Zip: CORAL GABLES, FL 33134

Title: CEO (X) Change ( ) Addition
Name: ARROJO, RAMON A
Address: 717 PONCE DE LEON BLVD SUITE 328
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: RAMON ARROJO PSTD 04/27/2005
Electronic Signature of Signing Officer or Director Date