

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90168 039 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

20055512



DOCUMENT # P04000113071 1. Entity Name MARIA LEMKE USA, INC.			
Principal Place of Business 6172 WESTGATE DRIVE #301 ORLANDO, FL 32835 US		Mailing Address 6172 WESTGATE DRIVE #301 ORLANDO, FL 32835 US	
2. Principal Place of Business <i>x 4336 S. Kirkman Rd 709</i> Suite, Apt. #, etc. 709		3. Mailing Address <i>x 4336 S KIRKMAN RD 709</i> Suite, Apt. #, etc. 709	
City & State Orlando		City & State ORLANDO	
Zip 32811	Country ORANGE	Zip 32811	Country ORANGE
6. Name and Address of Current Registered Agent LEMKE, MARIA 6172 WESTGATE DRIVE #301 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name <i>x Maria Lemke</i> Street Address (P.O. Box Number is Not Acceptable) <i>x 4336 S. Kirkman Rd. 709</i> City Orlando FL Zip Code 32811	
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: <i>Maria Lemke</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P NAME LEMKE, MARIA STREET ADDRESS 6172 WESTGATE DRIVE, #301 CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE P NAME LEMKE, MARIA STREET ADDRESS 4336 S KIRKMAN RD. 709 CITY-ST-ZIP ORLANDO, FL 32811	<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
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
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: <i>Maria Lemke</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	