2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162157

FILED Apr 27, 2005 Secretary of State

Entity Na	me: DEGEM	AMERICA, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 107	DLONIAL DR D, FL 32803	US			
Current Mailing Address:			New Mailing Address:		
SUITE 107)LONIAL DR), FL 32803	US			
FEI Number	: 20-1953836	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LARSON, CAROLINE 5950 LAKEHURST DR SUITE 246 ORLANDO, FL 32819 US			5950 LAKEHURST DR SUITE 246	ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR SUITE 246 ORLANDO, FL 32819 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON				04/27/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DAROZ, JOSE R CUSTODIO) Delete E LUIS L MOULAIS S/N DE ITAPEMIRIM, ES 29308-220 BR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CORTEZ, PAÙ R CUSTODIO) Delete JLO R MOULAIS S/N DE ITAPEMIRIM, ES 29308-220 BR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MACHADO, È 12744 LANGS) Delete LIEZER T TAFF DRIVER E, FL 34786 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () Delete OMENICO	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: ELIEZER MACHADO 04/27/2005 S

12744 LANGSTAFF DRIVER

WINDERMERE, FL 34786 US

Address:

City-St-Zip: