2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED

Feb 04, 2004 08:00 AM DOCUMENT # P93000006642 **Secretary of State** 1. Entity Name U.S./CROATION IMPORT EXPORT, INC. Mailing Address Principal Place of Business 1014 BAY COLONY DR., SOUTH JUNO BEACH FL 33408 1014 BAY COLONY DR., SOUTH JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0385778 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VRBANEC, STEPHAN R 1015 BAY COLONY DR., SOUTH Street Address (P.O. Box Number is Not Acceptable) JUNO BEACH FL 33408 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE Change TITLE U00000036607 VRBANEC, STEPHEN R NAME NAME 02/06/04-80059-024 158.75 STREET ADDRESS STREET ADDRESS 1015 BAY COLONY DR., SOUTH CITY-ST. DP C1TY - \$7 - ZIP JUNO BEACH FL 33408 Addition Channe TITLE Detete BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-29P CITY - ST- ZIP ☐ Delete TETLE ☐ Change ☐ Addition TELLE MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change Addition TITLE Delete THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change THEE Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition 300 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the 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.

FILED

1/30/04 561.625,3511