2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90026 006 ***150.00

DOCUMENT # P93000006751

1. Entity Name
PROPI U.S.A., INC.

94046745

Principal Place of Business	Mailing Address
4955 NW 199 ST #320 MIAMI, FL 33055	4955 NW 199 ST #320 MIAMI, FL 33055

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4299 nw 167th St.	4299 nw 167th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa Locka, Fl	City & State: Opa Locka, Fl
Zip: 33055 Country:	Zip: 33055 Country:

4. FEI Number 65-0471659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMENDOZA, DELVIS
4955 NW 199 ST #320
MIAMI, FL 33055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4299 nw 167th St.

City Opa Locka FL Zip Code 33055

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEMENDOZA, DELVIS 4955 NW 199 ST #320 MIAMI, FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4299 nw 167th St Opa Locka, Fl. 33055	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 Date

305 620-7420 Daytime Phone #