2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Ώ

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P93000047714 1. Entity Name 04-20-2004 90020 030 ***150 00 HEAVEN'S U.S.A., INC. Principal Place of Business Mailing Address 3299 NW 2 AVE. 3299 NW 2 AVENUE BOCA RATON FL 33431 **BOCA RATON FL 33431** US 2. Principal Place of Business 3. Mailing Address 999 N. Federal H Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) TR City & State City & State 4. FEI Number Applied For 65-0433370 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSTINE, DAVID A O. Box Number is Not Acceptable; **3299 NW 2 AVENUE** #200 **BOCA RATON FL 33431** 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 agen SIGNATURE signature required when reinstating) (MOTE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. POTO **PSTD** ☐ Delete Change ☐ Addition TITLE TITLE RUSTINE, David A. RUSTINE, DAVID A NAME NAME 5TR 202 STREET ADDRESS 3299 NW 2 AVENUE #200 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 7IT) F TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 this report as jequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

FILED