

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90230 043 \*\*\*158.75

<b>DOCUMENT # P93000066381</b> 1. Entity Name <b>BONICELL USA CORP.</b>					
Principal Place of Business <b>9565 NW 40TH ST RD</b> <b>MIAMI, FL 33178 US</b>				Mailing Address <b>9565 NW 40TH ST RD</b> <b>MIAMI, FL 33178 US</b>	
2. Principal Place of Business <b>3221 NW 82 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>3221 NW 82 Avenue</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-0437668</b>	
Zip <b>33122</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PROVENZANO, EDGARDO</b> <b>9565 N.W. 40 ST. RD.</b> <b>MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3221 NW 82 Avenue</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33122</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVENZANO, EDGARDO 9565 N.W. 40 ST. RD. MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3221 NW 82 Avenue</b> <b>MIAMI FL 33122</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROVENZANO, WALTER LUIS 9565 NW 40 ST. RD. MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3221 NW 82 Avenue</b> <b>MIAMI FL 33122</b>	
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	
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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: <u>Edgardo Provenzano</u> <span style="float: right;">1/25/2005 (205) 692-0428</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					