

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000008876

1. Entity Name
ELENOS U.S.A., CORP.



Principal Place of Business
12000 BISCAYNE BLVD
SUITE 507
MIAMI, FL 33181 US

Mailing Address
12000 BISCAYNE BLVD
SUITE 507
MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE

**FILED
May 05, 2004 8:00 am
Secretary of State**

05-05-2004 90463 001 *2,011.25



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0464422	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
12000 BISCAYNE BLVD
SUITE 507
MIAMI, FL 33181

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE TD
NAME BUSI, LEONARDO
STREET ADDRESS 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33181

TITLE PD
NAME GIANLUCA, BUSI
STREET ADDRESS 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33181

TITLE S
NAME CHIARATO, UGO V
STREET ADDRESS 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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: *lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

for

04/30/04 (305)899.5099
Date Daytime Phone #