

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008876

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



FILED

03 MAY 20 AM 10:16

0244574
AV

Principal Place of Business
220 71ST STREET
SUITE 213
MIAMI BEACH FL 33141
US

Mailing Address
220 71ST STREET
SUITE 213
MIAMI BEACH FL 33141
US

2. Principal Place of Business
12000 BISCAYNE BLVD
Suite, Apt. #, etc.
STE 507

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip FL33181 Country USA

Zip

Country

4. FEI Number
65-0464422

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
220 71ST STREET
SUITE 213
MIAMI FL 33141

12000 BISCAYNE BLVD #507
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 TD
NAME BUSI, LEONARDO
STREET ADDRESS 220 71ST STREET, SUITE 213 12000 BISCAYNE
CITY-ST-ZIP MIAMI FL 33181

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800019565588
05/20/03-01022-007 **2911.25

Change

Addition

TITLE PD
NAME GIANLUCA, BUSI
STREET ADDRESS 220 71ST STREET, 12000 BISCAYNE
CITY-ST-ZIP MIAMI FL 33181

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE S
NAME CHIARATO, UGO V
STREET ADDRESS 220 71ST STREET, 12000 BISCAYNE
CITY-ST-ZIP MIAMI FL 33181

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: SIGNATURE RECORDED IN SECR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2003

(305) 899-5099

Daytime Phone #

CR2E034 (10/02)