2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P94000059929 04-29-2004 90213 044 ***150.00 ALEXANDRA (U.S.A.), INC. Mailing Address Principal Place of Business 4800 AIRPORT ROAD 4800 AIRPORT ROAD 440101136 NAPLES, FL 33942 NAPLES, FL 33942 3. Mairing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite Apt. #. etc. 04222004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0512373 Not Apolicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAN, VICKLA Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. STE. 4500 MIAMI, FL 33131; City 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, Wase or printed nome of registered agent and the flaspicable. (NOTE: Registered Agent a gnature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TITLE De'ete ☐ Change ☐ Addition 11 n E NAME CHAN, VICKY NAME STREET ADDRESS STREET ADDRESS 4800 AIRPORT ROAD CITY ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LANUZA, GERARDO J KAME STREET ADDRESS 4800 AIRPORT ROAD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE De'ete TITLE Addition ☐ Change CU UNJIENG, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 4800 AIRPORT ROAD CITY~ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE De'ete THILE ☐ Change Addition NAME NAME FELICITAS DELA ROMA STREET ADDRESS STREET ADDRESS 4800 Airoort Road CITY-ST-ZIP CITY-ST-ZIP NAples, FL 34105 De'ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP De'ete TITLE TITLE Addition Change KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receipt or trustee employed 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 attachmen with an a otb**a**r like empowered. 04/27/04 239-2635095 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytara Parine 8