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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 12 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018429

1. Entity Name
ZWAARDVIS USA, INC.

Principal Place of Business	Mailing Address
HAGENHOF 5 5421 NX GEMERT THE NETHERLANDS,	C/O SAUL RADLER C.P.A., P.A. 19951 NE 10TH PLACE WAY MIAMI, FL 33179

07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0579843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RADLER, SAUL C.P.A.
19951 NE 10TH PLACE WAY
MIAMI, FL 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAN DER LANDE, A A J
STREET ADDRESS	19951 NE 10TH PLACE WAY
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	PST
NAME	VAN DER LANDE, A.A.J.
STREET ADDRESS	19951 NE 10TH PLACE WAY
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700040323667
08/19/04--01034--013 **150.00

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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: Saul Radler SAUL RADLER, REGISTERED AGENT AUG 9, 2004 305-892-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SAUL RADLER, C.P.A., P.A.
Certified Public Accountant
19951 NE 10th Pl. Way
Miami, FL 33179-2504
Phone: (305) 892-8330 / Fax: (786) 621-3428

AUGUST 9, 2004

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314

RE: ZWAARDVIS U.S.A. INC
REF # P95000018429

GENTLEMEN:

RETURNED FROM VACATION TO FIND YOUR LETTER OF JULY 14, 2004. PLEASE FORGIVE THE DELAY.

RESPECTFULLY REQUEST THAT YOU WAIVE THE PENALTY AS I DID NOT RECEIVE THE ORIGINAL UBR. UPON CHECKING MY CLIENT LIST, I DETERMINED THAT THE FORM HAD NOT BEEN FILED, TOOK IT OFF THE COMPUTER AND MAILED IT TO THE WRONG ADDRESS, AS YOU CAN SEE BY THE ATTACHED. ALL PREVIOUS RETURNS WERE TIMELY FILED AND I WOULD APPRECIATE YOUR COOPERATION AT THIS TIME.

I AM SEMI-RETIRED AND DO NOT TYPE. THANK YOU FOR YOUR KIND CONSIDERATION.

Saul Radler
REGISTERED AGENT FOR
ZWAARDVIS USA INC.