2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCU		AL REPURI			etary of State
1. Entity Nan	MENT # P950000 aL usa, inc.	29989			005 90083 032 ***150.00
1 '	ce of Business ITON ISLAND DR., #2301 I3131 US	Mailing Address 800 CLAUGHTON ISLA MIAMI, FL 33131	ND DR., #2301 US		
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01052005 Chg-P	CR2E034 (10/03)
City & Stat	te	City & State	`	4. FEI Number 65-0658473	Applied For Not Applicabl
Zip	Country	Zip	Country	5. Certificate of Status Desi	red S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of N	lew Registered Agent
WEI, PETI	rn	• •	Name		
800 CLAU #2341	GHTON IS. DR.	Street Address		ess (P.O. Box Number is Not Acce	ptable)
MIAMI, FL	. 33131				
			City		FL Zip Code
8. The above	named entity submits this statementions of registered agent.	nt for the purpose of changing its	s registered office or reg	gistered agent, or both, in the State	of Florida. I am familiar with, and accep
(116 Obliga	tions or registered agent.				
SIGNATURE.	Signature, typed or printed name of registered a	usent and title if applicable. (NQT	TE: Registered Agent signature re	equired when reinstating)	DATE
	-				
		l l			
FIL After M	.E NOW!!! FEE IS:\$150.00 ay 1, 2005 Fee will be \$55	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	**
After M	ay 1, 2005 Fee will be \$55			Added to Fees	OFFICERS AND DIRECTORS IN 11
10.	OFFICERS A	Trust Fund Con	11.	Added to Fees	O OFFICERS AND DIRECTORS IN 11
After M	OFFICERS A PTD WEI, PETER	Trust Fund Con	tribution.	Added to Fees	
10. TITLE NAME	OFFICERS A	Trust Fund Con	tribution. 11. IITLE NAME	Added to Fees	
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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: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

(305)416-9988