

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000054392

1. Entity Name
CYGNUS (U.S.) CORPORATION



Principal Place of Business

150 WEST FLAGLER ST.
SUITE 2200
MIAMI, FL 33130

Mailing Address

150 WEST FLAGLER ST.
SUITE 2200
MIAMI, FL 33130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0606532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREED, OWEN S
150 WEST FLAGLER ST.
SUITE 2200
MIAMI, FL 33130

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOMEZ, HERMANN
STREET ADDRESS 1690 SOUTH BAYSHORE DRIVE #6-B
CITY - ST - ZIP MIAMI, FL 33133

TITLE SD ☐ Delete
NAME FREED, OWEN S
STREET ADDRESS 150 WEST FLAGLER ST. #2200
CITY - ST - ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000062146
CITY - ST - ZIP 02/23/04-80110-006 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMANN GOMEZ

2/20/04

305-789-3456

Daytime Phone #