


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90454 034 \*\*\*150.00

<b>DOCUMENT # P95000076586</b>	
<b>1. Entity Name</b> OCCIDENTAL DE IMPORTACION USA, INC.	

<b>Principal Place of Business</b> 5770 NW 72 AVE MIAMI, FL 33166	<b>Mailing Address</b> P.O. BOX 226028 MIAMI, FL 33122
---	--

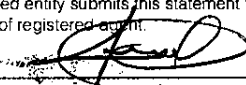
<b>2. Principal Place of Business</b> 6750 NW 79 Av	<b>3. Mailing Address</b> 6750 NW 79 Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Medley FL	<b>City &amp; State</b> Medley
<b>Zip</b> 33166	<b>Country</b> USA
<b>Zip</b> 33166	<b>Country</b> USA



04212004 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b> RUIZ, ALBERTO J 5770 NW 72 AVE MIAMI, FL 33166	<b>7. Name and Address of New Registered Agent</b> Name: OMAR CONTRERAS Street Address (P.O. Box Number is Not Acceptable) 5123 NW 114 PL. City: DORAL FL Zip Code: 33178
--	---

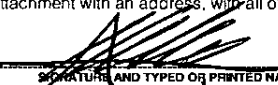
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE:  OMAR CONTRERAS (President.) 4-21-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONTRERAS, OMAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5131 NW 114TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONTRERAS, MORELLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5131 NW 114TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUIZ, ALBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5770 NW 72 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUIZ, EDGAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5191 NW 114 CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	CONTRERAS, OMAR		STREET ADDRESS	5131 NW 114TH CT		CITY-ST-ZIP	MIAMI, FL 33178		TITLE	V	<input type="checkbox"/> Delete	NAME	CONTRERAS, MORELLA		STREET ADDRESS	5131 NW 114TH CT		CITY-ST-ZIP	MIAMI, FL 33178		TITLE	TS	<input type="checkbox"/> Delete	NAME	RUIZ, ALBERTO		STREET ADDRESS	5770 NW 72 AVE		CITY-ST-ZIP	MIAMI, FL 33166		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	RUIZ, EDGAR		STREET ADDRESS	5191 NW 114 CT.		CITY-ST-ZIP	MIAMI, FL 33178		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CONTRERAS, OMAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5123 NW 114 PL.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL. 33178</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CONTRERAS MORELLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5123 NW 114 PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL. 33178</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CONTRERAS, OMAR		STREET ADDRESS	5123 NW 114 PL.		CITY-ST-ZIP	DORAL, FL. 33178		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CONTRERAS MORELLA		STREET ADDRESS	5123 NW 114 PL		CITY-ST-ZIP	DORAL, FL. 33178		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																							
NAME	CONTRERAS, OMAR																																																																																																																								
STREET ADDRESS	5131 NW 114TH CT																																																																																																																								
CITY-ST-ZIP	MIAMI, FL 33178																																																																																																																								
TITLE	V	<input type="checkbox"/> Delete																																																																																																																							
NAME	CONTRERAS, MORELLA																																																																																																																								
STREET ADDRESS	5131 NW 114TH CT																																																																																																																								
CITY-ST-ZIP	MIAMI, FL 33178																																																																																																																								
TITLE	TS	<input type="checkbox"/> Delete																																																																																																																							
NAME	RUIZ, ALBERTO																																																																																																																								
STREET ADDRESS	5770 NW 72 AVE																																																																																																																								
CITY-ST-ZIP	MIAMI, FL 33166																																																																																																																								
TITLE	S	<input checked="" type="checkbox"/> Delete																																																																																																																							
NAME	RUIZ, EDGAR																																																																																																																								
STREET ADDRESS	5191 NW 114 CT.																																																																																																																								
CITY-ST-ZIP	MIAMI, FL 33178																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME	CONTRERAS, OMAR																																																																																																																								
STREET ADDRESS	5123 NW 114 PL.																																																																																																																								
CITY-ST-ZIP	DORAL, FL. 33178																																																																																																																								
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME	CONTRERAS MORELLA																																																																																																																								
STREET ADDRESS	5123 NW 114 PL																																																																																																																								
CITY-ST-ZIP	DORAL, FL. 33178																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
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 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:**  **4/21/2004** 786-210-8895  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #