2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089145

Entity Name: BUCKDEN (USA) CORPORATION

FILED Mar 17, 2004 Secretary of State

	BOOKBE	(Cory cold clothol			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
115 SE 2N MIAMI, FL	D STREET, 2N 33131	ID FLOOR			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 110239 MIAMI, FL 331110239			115 SE 2ND STREE MIAMI, FL 33131	115 SE 2ND STREET, 2ND FLOOR MIAMI, FL 33131	
FEI Number	: 13-3121803	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DEMOS, A 1101 BRIC MIAMI, FL	NGELO P KELL AVENUE 331313153 U	E, SUITE 1700 S			
	named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CONSTANTINO	Delete TEODORO D STREET, 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CONSTANTINO	O STREET, 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOVANTES, CA	REET, 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () TZORTZAKIS, N	Delete 1ARIA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CARLOS GOVANTES VS 03/17/2004

115 SE 2ND STREET, 2ND FLOOR

MIAMI, FL 33131

Address:

City-St-Zip: