


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 048 ***150.00

DOCUMENT # P96000019595

1. Entity Name
PLASVALE USA, INC.



Principal Place of Business Mailing Address

**1395 BRICKELL AVE
 SUITE 430
 MIAMI FL 33131
 US** **1395 BRICKELL AVE
 SUITE 430
 MIAMI FL 33131
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0679223 Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWARTS, ROBERT W PA
 1395 BRICKELL AVE
 SUITE 430
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **THE STEWART LAW FIRM**

Street Address (P.O. Box Number is Not Acceptable) **1395 BRICKELL AVENUE**

SUITE 430

City **MIAMI** FL Zip Code **33131**

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 *RWS* **ROBERT W. STEWARTS, PRES,** DATE **1.31.05**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAFORCE, CHARLES	
STREET ADDRESS	ROD. IVO SILVEIRA 1149 PAVABR CP105	
CITY-ST-ZIP	GASPAR SC BR 89110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, MARIA C	
STREET ADDRESS	1395 BRICKELL AVE, SUITE 430	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLDO A. SCHMALZ	
STREET ADDRESS	RUA DR. NEREU RAMOS 750	
CITY-ST-ZIP	89110-000 GASPAR, SANTA CATARINA, BRAZIL	
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		<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: *MCS* **MARIA C STEWART, VP** DATE **1-31-05** DAYTIME PHONE # **305.3587272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #