2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90034 005 ***158.75

24U41004

DOCUMENT # P96000048967

1. Entity Name
GONCA U.S.A. CORP.

Principal Place of Business	Mailing Address
15476 NW 77 CT., STE. 358 MIAMI LAKES, FL 33016	15476 NW 77 CT., STE. 358 MIAMI LAKES, FL 33016

03152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
16740 NW 78 PLACE			
Suite, Apt. #, etc. STE #358		Suite, Apt. #, etc.	
City & State Miami Lakes FL		City & State	
Zip 33016	Country	Zip	Country

4. FEI Number 65-0672636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEL CASTILLO, MAYRA M ~~15476 NW 77 CT., STE. 358~~ 16740 NW 78 PLACE STE #358 ~~MIAMI LAKES, FL 33016~~ Miami Lakes FL 33016	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL CASTILLO, MAYRA M 15476 NW 77 CT., STE. 358 MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16740 NW 78 PLACE STE #358 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELCASTILLO, ROBERTO M 15476 N.W. 77 COURT #358 MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16740 N.W 78 PLACE STE #358 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________ Roberto M Del Castillo 3/15/04 (305)824-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #