

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000091651

1. Entity Name
CREDIL U.S.A., INC.



Principal Place of Business

100 LINCOLN RD
APT 721
MIAMI BEACH, FL 33139

Mailing Address

283 CATALONIA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE 2ND FLOOR
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004

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

U000000172234
09/14/04-80001-014 500.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CAROZZI, RICARDO E
100 LINCOLN RD APT 721
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVPT
CAROZZI, RICARDO D
100 LINCOLN RD APT 721
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVPS
CAROZZI, DANIELA S
100 LINCOLN RD APT 721
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000172234
09/14/04-80001-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

8.31.04.