


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90523 019 ***150.00

DOCUMENT # P97000013674 1. Entity Name ARCHIPEL COMMERCIAL & ELECTRONICS USA, INC.					
Principal Place of Business 1518 PARKWAY CT. WEST PALM BEACH FL 33413 US			Mailing Address 1518 PARKWAY CT. APT 1518 WEST PALM BEACH FL 33413 US		
2. Principal Place of Business 1190 HATTERAS CIRCLE			3. Mailing Address 1190 HATTERAS CIRCLE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State GREEN ACRES, FL			City & State GREEN ACRES, FL		
Zip 33413		Country USA		Zip 33413	
Country USA		4. FEI Number 65-0821054			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NETO, JULIO T 1518 PARKWAY CT. WEST PALM BEACH FL 33413			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PERISSE, LUIZ G RUA ARQUIAS CORDEIRO 272 -SOBRADO MEIER RIO DE JANIERO BRAZIL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NETO, JULIO T 1518 PARKWAY CT. WEST PALM BEACH FL 33413		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Julio T. P. Neto* **JULIO T. P. NETO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04 (561) 6163271

Date

Daytime Phone #