

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90060 003 \*\*\*150.00

**DOCUMENT # P97000014782**

1. Entity Name  
USA TRANSAXLE CORP.



Principal Place of Business  
19910 N.E. 15TH COURT  
N. MIAMI BEACH, FL 33179 US

Mailing Address  
22263 LARKSPUR TRAIL  
BOCA RATON, FL 33433



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0728714

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KRASNA, GARY M  
1900 CORPORATE BLVD NW, SUITE 301W  
BOCA RATON, FL 33431

**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 \$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**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | MARKOVITCH, JACKIE    |
| STREET ADDRESS | 22263 LARKSPUR TRAIL  |
| CITY-ST-ZIP    | BOCA RATON, FL 33433  |
| TITLE          | VP                    |
| NAME           | MARKOVITCH, NANCY     |
| STREET ADDRESS | 22263 LARKSPUR TRAIL  |
| CITY-ST-ZIP    | BOCA RATON, FL 33433  |
| TITLE          | ST                    |
| NAME           | ZUCKERMAN, MATTHEW    |
| STREET ADDRESS | 3456 PRAIRIE AVE      |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33140 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**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)(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:**

*Jackie Markovitch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/04  
Date

305-651-0852  
Daytime Phone #