2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P97000034488 1. Entity Name OLYMPS DOOR USA, INC.			05-02-2005 90976 004 ***158.75					
Principal Place of Business Mailing Address 1907 ELMWOOD AVENUE TAMPA, FL 33605 TAMPA, FL 33605 TAMPA				(2) (884) 88/) 88/) 88/)	ı başan işili b ibli	. .		
Principal Place of Business 3. Mailing Address			-					
Suite, Apt. #, etc.			04192005	Chg-P	CR2E03	4 (10/03)		
City & State		<u></u>	4. FEI Number 59-34893	315			plied For	
Zip	Country					8.75 Add	litional	
legistered Agent		<u> </u>	7. Name and A	ddress of New Re	egistered A	gent		
Name					_·			
SPEIGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			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 bite if applicable. (NOTE Registered Agent signature required when robinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
IRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11	
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☐ Delete	nami Stre	E Et adoress				☐ Change	Addition	
☐ Defete	NAM! STRE	E ET ADDRESS				☐ Change	☐ Addition	
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	1907 ELMWOOD AVENTAMPA, FL 33605 3. Mailing Address Suite, Apt. #, etc. City & State Zip Legistered Agent The purpose of changing its 9. Election Campai Trust Fund Contr Delete Delete Delete Delete Delete	3. Mailing Address Suite, Apt. #, etc. City & State Zip Counters applicable. (NOTE Registered Agent Trust Fund Contribution. Delete Title NAM STRE CITY Delete Title NAM STRE CITY	1907 ELMWOOD AVENUE TAMPA, FL 33605 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country legistered Agent Name Streat Address City the purpose of changing its registered office or registered Agent signature required Age	1907 ELMWOOD AVENUE TAMPA, FL 33605 3. Mailing Address Suite, Apt. #, etc. O4192005 City & State 2ip Country 5. Certificate of Street Address (P.O. Box Number in Marne) Street Address (P.O. Box Number in Marne) City the purpose of changing its registered office or registered agent, or both, or bite it apolicable. (NOTE Registered Adent signalure required when reinstating) 9. 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Box Number is Not Acceptable 19-3499315 Street Address (P.O. Box Number is Not Accep	1907 ELMWOOD AVENUE TAMPA, FL 33605 3. Mailing Address Suite, Apt. 4, etc. O4192005 Chg-P CR2E03 City & State 4. FEI Number 59-3489315 2/p Country 5. Certificate of Status Desired Name Streat Address (P.O. Box Number is Not Acceptable) City FL the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fa on their spokeable. (NOTE Registered Address sphalue recurred when rentating) DATE 9. Election Campaign Financing Address sphalue recurred when rentating) PATE 10. Pelete 11. ADDITIONS/CHANGES TO OFFICERS AND I NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. ADDITIONS/CHANGES TO OFFICERS AND I NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. ADDITIONS/CHANGES TO OFFICERS AND I NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. TAMPA STREET ADDRESS CITY-ST-2/P 1 Delete 11. TAMPA 1 FL 33C-05 1 AND NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. TAMPA 1 FL 33C-05 1 AND NAME STREET ADDRESS CITY-ST-2/P 1 Delete 11. TAMPA 1 FL 33C-05	1907 ELMWOOD AVENUE TAMPA, FL 33605 3. Mailing Address Suite, Apt. 4, etc.: O4192005 Chg-P CR2E034 (10/03) City & State 4. FEI Number 59-3489315 Zip Country 5. Certificate of Status Desired Name Streat Address (P.O. Box Number is Not Acceptable) City The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, or ber spokeable. (NOTE flory alerced Agent signalus recoved area numbating) DATE 9. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Addred to Fees Prints Fund Contribution. 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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.

DOZEF KOSUT D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 25 APRIL 2005

435-603-0315 Davline Phone #