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Secretary of State

04-29-2004 90327 026 ***150.00

4/29/04

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055258

1. Entity Name
NOVELTY USA, INC.

66428486

Principal Place of Business	Mailing Address
1035 W LANCASTER RD #4 ORLANDO, FL 32809	1035 W LANCASTER RD #4 ORLANDO, FL 32809

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8022 OFFICE COURT	13525 TETHERLINE TR.
Suite, Apt. #, etc. # C-SOUTH	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32809 Country	Zip 32837 Country

4. FEI Number APPLIED FOR 59-3454332 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QAYUM MALIK
13525 TETHERLINE TR
ORLANDO, FL 32837

RUBINA MALIK
13525 TETHERLINE TR.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name RUBINA MALIK
Street Address (P.O. Box Number is Not Acceptable) 13525 TETHERLINE TR.
City ORLANDO FL Zip Code 32837

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 R. Malik RUBINA MALIK 04/26/04
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	DTP QAYUM, MALIK 13525 TETHERLINE TR ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RUBINA MALIK 13525 TETHERLINE TR. ORLANDO FL. 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP RUBINA MALIK 13525 TETHERLINE TR. ORLANDO FL 32837	☐ 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
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: R. Malik RUBINA MALIK 04/26/2004 407-859-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #