

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000069015

1. Entity Name
SIRES USA STOCK CORPORATION



**FILED
Feb 02, 2005 8:00 am
Secretary of State**

02-02-2005 90049 014 ***150.00

40011237



01052005 Chg-P CR2E034 (10/03)

Principal Place of Business 8530 DUNDEE TERR MIAMI LAKES, FL 33016 US		Mailing Address C/O GRAU & CO, MR H JANUS 2700 N MILITARY TRAIL, SUITE 350 BOCA RATON, FL 33431 US	
2. Principal Place of Business GRAU & CO. 2700 Military Tr		3. Mailing Address	
Suite, Apt. #, etc. 350		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33431	Country US	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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

(Signature, typed or printed name of registered agent and title if applicable.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D GIANCOLA, VINCENZO SPITZSTRASSE 14, CH-8155 NIEDERHASLI ZURICH, SWITZERLAND,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP " " " "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GLAERNISCHSTRASSE 18,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANCOLA-TEORA, FELICIA SPITZSTRASSE 14, CH-8155 NIEDERHASLI ZURICH, SWITZERLAND,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP " " " "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GLAERNISCHSTRASSE 18,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vincenzo Giancola

Jan. 19th 2005 (561) 934-3239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #