
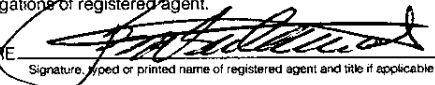


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 010 ***150.00

DOCUMENT # P98000093336			
1. Entity Name ABRES (USA), INC.			
Principal Place of Business 867 NORTH NOB HILL RD PLANTATION, FL 33324		Mailing Address 867 NORTH NOB HILL RD PLANTATION, FL 33324	
2. Principal Place of Business 11282 LAKEVIEW DR. Suite, Apt. #, etc.		3. Mailing Address 11282 LAKEVIEW DR. Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071 Country USA		Zip 33071 Country U.S.A.	
4. FEI Number 65-0889460		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GURIAN, JORGE L 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Rosalba Hernandez Street Address (P.O. Box Number is Not Acceptable) 11282 LAKEVIEW DR. City: Coral Springs FL Zip Code: 33071	
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:  (Rosalba Hernandez) 3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PSD HERNANDEZ, ROSALBA 2100 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134 <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	<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: 		Date: 3/15/04 (954) 211-49752 Daytime Phone #	