

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067447

Entity Name: 2KCO USA, INC.

FILED  
Jan 18, 2005  
Secretary of State

## Current Principal Place of Business:

220 MIRACLE MILE  
SUITE # 206  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 800419  
MIAMI, FL 33280 US

## New Mailing Address:

220 MIRACLE MILE  
SUITE 206  
CORAL GABLES, FL 33134 US

FEI Number: 65-0959058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAGER, MIKI  
220 MIRACLE MILE  
SUITE #206  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: HAGER, MIKI  
Address: 21055 YACHT CLUB DRIVE #1208  
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete  
Name: HAGER, DALIA  
Address: 21055 YACHT CLUB DRIVE #1208  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete  
Name: DREYFUS, MANUEL  
Address: 21225 NORTH ESCONDIDO WAY  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKI HAGER

P

01/18/2005

Electronic Signature of Signing Officer or Director

Date