
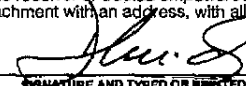


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # S47779 1. Entity Name CIPROX (USA), INC.		
Principal Place of Business 169 E FLAGLER STE 1600 MIAMI, FL 33131 US		Mailing Address 169 E FLAGLER STE 1600 MIAMI, FL 33131 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 SW 3 ST 6TH FL MIAMI, FL 33130		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINDENFELD, DANYA 169 E FLAGLER, STE 1600 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENHAMRON, URI 169 E FLAGLER, STE 1600 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LINDENFELD, JUDITH 169 E FLAGLER ST 1620 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RESSLER, GARY 169 E FLAGLER, STE 1600 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 807, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Danya Lindendorf 3/1/05 3053743677 <small>Date Daytime Phone #</small>



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0265980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

03/09/05-80044-020 1511.00

**DO NOT WRITE
IN THIS SPACE**