


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S56164 1. Entity Name TARA U.S.A., INC.	
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Principal Place of Business % SIMON CAYOUE 10001 W ATLANTIC BLVD CORAL SPRINGS, FL 33065	Mailing Address % SIMON CAYOUE 10001 W ATLANTIC BLVD CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0264837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAYOUE, SIMON
10001 W ATLANTIC BOULEVARD
CORAL SPRINGS, FL 33071

**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: *S. Cayouette* DATE: 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U000000130937 04/25/04-80139-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAYOUE, SIMON 521 N RIVERSIDE DRIVE, #309 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAYOUE, PAULINE 521 N RIVERSIDE DRIVE, #309 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAYOUE, PAULINE 521 N RIVERSIDE DRIVE, #309 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *S. Cayouette* DATE: 4/23/04 DAYTIME PHONE: 954-341-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR