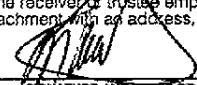


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V16895 1. Entity Name TARRAB U.S.A. INC.		
Principal Place of Business 1535 SE 17TH ST. #109 FORT LAUDERDALE, FL 33316		Mailing Address 1535 SE 17TH ST. #109 SUITE 117B FORT LAUDERDALE, FL 33316
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TARRAB, ALBERTO C 1535 SE 17TH STREET FORT LAUDERDALE, FL 33316		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000031448 02/04/04-80149-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TARRAB, ALBERTO C 1535 SE 17TH ST., STE 109 FT. LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TARRAB, DANIEL C 1535 SE 17TH ST., STE 109 FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(b), 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  TARRAB ALBERTO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01-27-04 Date Daytime Phone #