

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-18-2004 90015 011 ***158.75

DOCUMENT # 841560



1. Entity Name
CALEB BRETT U.S.A., INC.

Principal Place of Business: **2200 W. LOOP S., SUITE 200
 ATTN: CHRISTIE SORENSON
 HOUSTON TX 77027
 US**

Mailing Address: **2200 W. LOOP S., SUITE 200
 ATTN: CHRISTIE SORENSON
 HOUSTON TX 77027
 US**

94017750



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 72-0703433		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		72-0703433		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKIN, BRENT V.			NAME			
STREET ADDRESS	524 VASSAR AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SWARTHMORE PA 19081			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUSELL, KIM P			NAME			
STREET ADDRESS	135 OAKLAND CT.			STREET ADDRESS			
CITY-ST-ZIP	GARYVILLE LA			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEES, GRAHAM			NAME			
STREET ADDRESS	19710 CARDIFF PARK LANE			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77094			CITY-ST-ZIP			
TITLE	CFOS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAIN, STEVEN M			NAME	Leo Gutierrez		
STREET ADDRESS	528 HAWTHORNE			STREET ADDRESS	179 E. LANS DOWNE Circle		
CITY-ST-ZIP	HOUSTON TX 77006			CITY-ST-ZIP	The Woodlands Tx. 77382		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, JAY			NAME			
STREET ADDRESS	310 PINNACLE COVE CT.			STREET ADDRESS			
CITY-ST-ZIP	LEAGUE CITY TX 77573			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEATON, CHUCK			NAME	WAYNE KRIEL		
STREET ADDRESS	7718 HIGHLAND FARMS			STREET ADDRESS	506 LAKESIDE DRIVE		
CITY-ST-ZIP	HOUSTON TX 77095			CITY-ST-ZIP	FRIENDSWOOD TX 77546		

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: **Leo Gutierrez** **2-10-04** **713-713-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #