

04-28-2003 91518 038 ***150.00

FILED P02000055585
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 22 PM 1:50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055585

1. Entity Name
USA GENERAL TRADING INC.



Principal Place of Business

5540 NW 107 AVE #711
MIAMI, FL 33178

Mailing Address

5540 NW 107 AVE #711
MIAMI, FL 33178

2. Principal Place of Business

8610 NW 70 ST

Suite, Apt. #, etc.

3. Mailing Address

8610 NW 70 ST

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Miami - FL

City & State

Miami, FL

4. FEI Number

651107173

Applied For

Not Applicable

Zip

33166

Country

Miami Dade

Zip

33166

Country

Miami Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROIA, AGOSTINO
5540 NW 107 AVE #711
MIAMI, FL 33178

5450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 missing)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution, ...

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TROIA, AGOSTINO	5540 NW 107 AVE #711	MIAMI, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5450 NW 107 AVE #711	Miami FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (1/07/02)