

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90337 014 ***150.00

DOCUMENT # P02000080489
 1. Entity Name
 U.S. SOUTHERN UNION CORP.



Principal Place of Business Mailing Address
 2903 NE 163 STREET APT 205 2903 NE 163 STREET APT 205
 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160

14014337



2. Principal Place of Business 3. Mailing Address
 216-43rd/ St. # 304 216 - 43rd.St/#304
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State City & State
 Miami - Florida Miami, Florida
 Zip Country Zip Country
 33140 33140

4. FEI Number Applied For
 81-0563347 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAIMA, ALEJANDRO
 2903 NE 163 STREET APT 205
 NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name
 Baima, Alejandro
 Street Address (P.O. Box Number is Not Acceptable)
 216- 43rd. St. # 304
 City State Zip Code
 Miami FL 33140

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NIGRA, MARIA E	
STREET ADDRESS	2903 NE 163 STREET, #205	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAIMA, ALEJANDRO	
STREET ADDRESS	2903 NE 163 STREET, #205	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIMA, ROBERTO	
STREET ADDRESS	2903 NE 163 STREET, #205	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	216-43rd. St. # 304	
CITY- ST- ZIP	Miami, FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	216-43rd. St. #304	
CITY- ST- ZIP	Miami, FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	216-43rd. St. # 304	
CITY- ST- ZIP	Miami, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ Date: 4/26/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR