

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90007 030 \*\*\*550.00

DOCUMENT # P04000066830			
1. Entity Name AMERIMARKET USA, CORP.			
Principal Place of Business 3130 W 84 ST, UNIT 5 MIAMI, FL 33018		Mailing Address 3130 W 84 ST, UNIT 5 MIAMI, FL 33018	
2. Principal Place of Business <i>444 Brickell Ave.</i>		3. Mailing Address <i>444 Brickell Ave.</i>	
Suite, Apt. #, etc. <i>51 Box 255</i>		Suite, Apt. #, etc. <i>51 Box 255</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33131</i>		Zip <i>33131</i>	
Country		Country	
4. FEI Number <i>20-1068823</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		CR2E034 (10/03) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUNCOSA, SANTIAGO 3130 W 84 ST, UNIT 5 MIAMI, FL 33018		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D JUNCOSA, SANTIAGO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNCOSA, SANTIAGO	NAME	
STREET ADDRESS	3130 W 84 ST, UNIT 5	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33018	CITY-ST-ZIP	
TITLE	D PEREZ, ARMANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ARMANDO	NAME	
STREET ADDRESS	CENTRO EMPRESARIEL LAGUNITA, PISO5, OFC516	STREET ADDRESS	
CITY-ST-ZIP	EL HATILLO, ESTADO MIRANDA, 1081	CITY-ST-ZIP	
TITLE	D MOLA, JORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLA, JORGE	NAME	
STREET ADDRESS	CENTRO EMPRESARIAL LAGUNITA, PISO5, OFC 516	STREET ADDRESS	
CITY-ST-ZIP	EL HATILLO, ESTADO MIRANDA, 1081	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>05/20/2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	