


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 044 ***150.00

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1. Entity Name
 USA INTERNATIONAL DATA, CORP



Principal Place of Business
 2880 SW 137TH AVE.
 MIAMI, FL 33175

Mailing Address
 2880 SW 137TH AVE.
 MIAMI, FL 33175

2. Principal Place of Business
 400 SW 107th Ave
 Suite, Apt. #, etc.
 # 300
 City & State
 Miami FL
 Zip
 33174
 Country
 USA

3. Mailing Address
 400 SW 107th Ave
 Suite, Apt. #, etc.
 # 300
 City & State
 Miami FL
 Zip
 33174
 Country
 USA



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
~~ECHEGARAY, ZAHIRA
 2880 SW 137TH AVE.
 MIAMI, FL 33175~~

4. FEI Number
 20-1877320
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Jose L Bertran
 Street Address (P.O. Box Number is Not Acceptable)
 400 SW 107th Ave
 # 300
 City
 Miami FL Zip Code
 33174

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]* DATE 1/9/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECHEGARAY, ZAHIRA	
STREET ADDRESS	2880 SW 137TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BERTRAN, JOSE L	
STREET ADDRESS	2880 SW 137TH AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose L Bertran	
STREET ADDRESS	400 SW 107 th Ave #300	
CITY-ST-ZIP	Miami FL 33174	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zahira Echegaray	
STREET ADDRESS	400 SW 107 th Ave #300	
CITY-ST-ZIP	MIAMI, FL 33174	
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 exemptions contained in Chapter 119, 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 other like empowered.

SIGNATURE: *[Signature]* DATE 1/9/06 DAYTIME PHONE # (305) 207-8814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR